Alabama Department of Public Health

S0175-3-U

1988 Annual Report

"It's a blessing to know someone cares."

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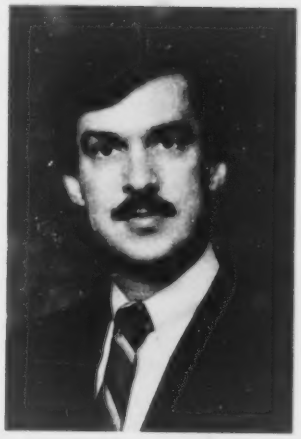

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State Health Officer

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The Honorable Guy Hunt
Governor of Alabama
Montgomery, Alabama 36130

Dear Governor Hunt:

The quality of life in Alabama is significantly linked to the health of its citizens. From the babies who are our future work force to the young and middle-aged adults who will become part of the largest over-65 population in history, the development of state industry and the containment of health care costs depend on the most efficient, effective health care system possible.

To make the best use of limited state dollars, we must develop programs that serve both the present and future physical and economic health of all Alabamians. The majority of illnesses, injuries and deaths that occur today are preventable. Two of the leading causes of disablement and death—heart disease and stroke—can be significantly reduced through the treatment of hypertension. A universal prevention program in this area could result in huge savings, for it is less expensive to treat hypertension in a patient for 20 years than to pay for one critical cardiovascular event.

Other health programs can affect both cost containment and reflect the kind of community life that attracts industry. Health care needs of the elderly, the fastest growing segment of our population, can be greatly decreased and better attended through a variety of means, including the development of a lifelong preventive health care system and the strengthening of our home health care programs.

The Alabama Department of Public Health's 1988 annual report summarizes the initiatives taken by this agency to address these and other areas of concern. My deep appreciation goes to my dedicated staff and to all those who have worked with us on behalf of the public's health throughout the past year. May we continue to work together to take the positive, progressive steps necessary to improve the quality of life in our state for today's citizens and the generations to come.

Sincerely,

Claude Earl Fox, M.D., M.P.H.
State Health Officer

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On the Cover: ***People over 65 now comprise the fastest growing segment of Alabama's population. The Alabama Department of Public Health works with other concerned agencies to see that state citizens such as Ruby Ruff (pictured seated) of Lapine will be assured of a wide range of health care services to meet the diverse needs of this age group.***

This year's annual report includes a summary of such health care services provided by the health department in 1988. The benefits of these programs for our older citizens is perhaps best described by Montgomery County Health Department Home Health Aide Louise Anderson (pictured by Mrs. Ruff): "It's a blessing for these people and their families to know someone cares."

Cover picture arranged through the cooperation of the Alabama Department of Public Health, Home Health Program; the Alabama Commission on Aging; the Central Alabama Aging Consortium, Montgomery Area Agency on Aging; and the Lapine Senior Center. Photograph by Walter Daniel, Alabama Commission on Aging.

State Health Officer's Report

Claude Earl Fox, M.D., M.P.H.

1988 Public Health Highlights

Both directly and indirectly, health has always been a major economic force, and it promises to bear even greater influence on this country and this state in the future.

Over the next decade we will be facing a crisis in health care costs of immense proportions and enormous ramifications. We will also be encountering greater competition for industrial development than ever before.

To meet these demands it is imperative that we develop a health care system designed to prevent illness and injury to assure a healthy work force and reduce unnecessary medical costs. Following are a few of the initiatives taken by the Alabama Department of Public Health in 1988 that have directly or indirectly lowered health care expenditures, aided state and community economic development, and increased the efficiency and effectiveness of health department services and programs.

PREVENTING CHRONIC DISEASE AND ACCIDENTAL INJURY

The top three causes of disability and death to Alabamians—heart disease, cancer and traffic accidents —can be significantly reduced through a variety of prevention activities. Other important program areas that can benefit greatly from preventive efforts include occupational health and safety and diabetes.

1988 initiatives included:

- Increased the hypertension control program from 10 counties in 1986 to 42 in 1988; the goal is to have 100 percent coverage by 1990 to reduce cardiovascular health care costs associated with lack of hypertension control.
- Developed model occupational health and safety program with Mead Coated Material/Natural

Kraft Inc. in Russell County to help reduce lost work days due to illness and injury; such programs could serve as incentives for other industrial development projects.

- Participated in the Coalition for a Tobacco-Free Alabama's initiation of a health education project to make the 1988-89 first graders the first smoke-free high school graduating class. Cigarette smoking is the major single cause of cancer mortality in the U.S., a significant contributing factor in one-quarter of all fatal heart attacks, and the cause of several other disabling and fatal diseases.

- Initiated a diabetes control program in Jefferson County and a diabetes awareness program in Houston County to alert the public and health care professionals to the high costs of not detecting and treating diabetes early enough to prevent its complications. The state continued to receive federal funding for the pilot program initiated in Mobile County in 1987.

- Recorded the highest child restraint and seatbelt usage rate since the department began its buckle-up campaign efforts. Child restraint usage in 1980 was 7.9 percent; in 1988, 44.5 percent. Seatbelt usage in 1984 was 13 percent; in 1988, 31.7 percent.

In Alabama there's a 37 percent probability an individual will be injured or killed in an auto accident. Research shows that seatbelts and child restraints save lives. For children, buckling up in a child restraint increases accident survival by 71 percent and escape from serious injury by 67 percent. Adult seatbelt usage shows similar savings.

- Continued work as one of four states awarded a Centers for Disease Control grant to develop chronic disease prevention programs based on community network activities to reduce heart disease and cancer.

ENSURING A WIDE RANGE OF QUALITY HEALTH CARE RESOURCES FOR OLDER CITIZENS

The age 65-plus population increased over eight times faster during the last decade than did the teenage segment of Alabama. A variety of cost-efficient quality health care resources must be developed to meet the widely diverse needs of our elderly citizens.

1988 initiatives included:

- Made over 348,890 home health service in fiscal year 1988, thus assuring that more people can continue to live at home instead of being institutionalized.

- Created Elder Care Options, a toll-free telephone service that provides consumer information on nursing homes and alternative care for older citizens.

- Selected as one of three states to participate in a U.S. Department of Health and Human Services grant program to upgrade and standardize the requirements for home health aides and homemakers. Increasing the quality of service provided by these caregivers is a key part of the development of the home health program. As the founding agency and largest provider of home health services in the state, the department works through a variety of means to create cost-efficient, quality programs. The need for these services is rapidly growing due to the increase in the elderly population and the rising cost of institutional

residency for the elderly and others in need of special health care.

- Achieved first revision since 1967 of rules and regulations governing the operation of Alabama nursing homes to ensure appropriate care and protection of our elderly. A poll conducted by the department indicated that almost 90 percent of Alabama citizens support state regulation of nursing homes to provide quality assurance in these facilities.

CONTROLLING THE SPREAD OF COMMUNICABLE DISEASE

Reported AIDS cases in 1988 nearly doubled the total cases reported during the previous five years, and penicillin-resistant gonorrhea cases rose in the first 11 months of the year by over 327 percent over 1987. Other challenges in the battle against communicable disease include fighting Alabama's high national ranking in tuberculosis cases and providing over two thirds of the childhood vaccine in the state.

1988 initiatives included:

- Increased AIDS testing and counseling sites from the initial five counties in 1986 to all 67 in 1988. AIDS testing by the Bureau of Clinical Laboratories increased from approximately 4,000 specimens in 1986 to over 31,650 in fiscal year 1988.

- Implemented program to trace, notify and counsel sexual and needle-sharing partners of AIDS-infected individuals. Alabama is one of four states in the country involved in an AIDS partner notification program.
- Passed provisional "Right-to-Know" Act that addresses the need for guidelines on informing pre-hospital attendants and funeral home personnel of patients infected with a contagious disease. Final adoption will be considered following public hearing.
- Provided statewide public and professional AIDS prevention education information. A department pre- and post-AIDS knowledge survey found that initial AIDS education efforts have increased the public's knowledge that AIDS is transmitted by sex and by needle-sharing among drug users. The survey also identified continuing misconceptions about the spread of AIDS through casual contact and giving blood that need additional education efforts.
- Developed a program to teach AIDS prevention, stressing the "say no" approach to Alabama public school students in grades 7-12.
- Provided information on the need for sensitivity testing to identify penicillin-resistant gonorrhea earlier to prevent its spread.
- Initiated a Directly Observed Therapy (DOT) Program for tuberculosis patients to address the problem of patient medication non-compliance and further decrease medical costs associated with lack of proper care. In 1988 approximately 66 percent of tuberculosis patients were on DOT.
- Purchased and distributed 424,625 doses of childhood vaccine. Currently vaccinating 70 percent of the approximately 60,000 children born each year in Alabama, the health department must meet the challenge of continuing to maintain the state's high immunization rate in the face of vaccine costs that have tripled since 1986.

DEVELOPING ALABAMA'S MATERNAL AND CHILD HEALTH CARE SYSTEM

While Alabama's infant mortality rate decreased from 13.3 deaths per 1,000 live births in 1986 to 12.2 in 1987, it still ranks fourth in the nation. Inadequate health care is the major factor in this high rate. Another serious factor is the number of births to teen mothers. Teen mothers are more likely to have low birthweight babies and other complications that lead to infant death. In 1987, 10,354 of the state's resident births were to teenagers.

1988 initiatives included:

- Contributed to seed funding for approximately 1,700 maternity patients through the Gift of Life program.
- Provided instrumental leadership in increasing health care funds and services to maternity patients through promotion of the expansion of Medicaid with the Sixth Omnibus Budget Reconciliation Act, (SOBRA), a federal matching funds program.
- Increased maternity patients during calendar year 1988 by approximately 2,000 and number of office visits by approximately 10,600.
- Developed an action plan to address the problems of teenage pregnancy in Alabama.
- Initiated a rebate process for infant formula through the Women, Infants and Children Supplemental Food and Nutrition Program (WIC) resulting in a cost drop from $1.51 a can to 34 cents a can and a savings of approximately $8 million a year. At the time the rebate was negotiated, it was the highest savings per can of formula ever achieved by any state. This savings will allow more people to participate in the federally funded program which studies have shown to exert significant impact on the health of the mothers and children participating in it.
- Increased by over 12,000 the number of children helped through the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). This program seeks to decrease disabilities and deaths associated with the lack of proper early care for such

health problems as heart disease, diabetes, vision and hearing deficiencies, and child abuse injuries.

- Served over 70,000 non-Medicaid children ages 0-2 in the Well-child Program.
- Screened approximately 59,000 infants during calendar year 1988 in the new sickle cell screening program.
- Worked through a variety of means to increase the public's knowledge of the need for health care throughout pregnancy, and the availability of SOBRA, WIC and other health care programs.

ENSURING A SAFE, CLEAN ENVIRONMENT

The health department is responsible for providing appropriate regulatory, education and inspection activities to assure all Alabama citizens of minimum public safety standards in a variety of areas, from water supplies to nuclear plant operations.

1988 initiatives included:

- Adopted new rules to update and streamline regulations governing onsite sewage disposal and subdivision onsite sewage systems, water supplies, and solid waste management. According to a Capstone poll conducted in fall 1988, the majority of Alabamians see environmental cleanup as a top priority for the state, with 77.5 percent saying that state and local officials should enforce laws to prevent pollution strictly instead of leniently.
- Adopted new rules governing solid waste collection and disposal to address the growing problem our country and state are experiencing in this area.
- Conducted statewide workshops to educate those involved in the installation of onsite sewage systems of the changes in the soil testing requirements under the new installation rules. With almost 50 percent of Alabama's homes served by onsite sewage systems and groundwater supplying over 50 percent of America's drinking water, quality onsite sewage system installation standards are important.
- Initiated a voluntary certification program for septic tank installers to improve installation and inspection services in order to ensure the prevention of health hazards and expenses associated with improperly installed systems.
- Performed thousands of inspections statewide involving several areas, including sewage and solid waste disposal; vector control; air, food, milk and water supplies; and radiological, emergency medical, health care facilities and public lodging services.

PROVIDING COST-EFFICIENT, QUALITY HEALTH CARE SERVICES

With limited funds, staffing and facilities, additional cost-effective techniques in the management of health care delivery must be developed and employed.

1988 initiatives included:

- Conducted visits by state level staff at local health departments to assess the efficiency and quality of clinic services. In a poll conducted by the department, 81.5 percent of the public receiving county health department services rated the overall effectiveness of their county health departments as excellent or good; 77.6 percent rated efficiency of services as excellent or good.
- Implemented an integrated core services program at county level to make health services more efficient and more accessible to patients.
- Initiated strategic planning pilot programs to provide an effective and uniform methodology to measure progress throughout the department in the achievement of desired objectives and to determine the need for appropriate adjustments to program strategy.
- Developed national model staffing guide to realign area and local staff relations according to professional discipline.
- Established training office to assure on-going education, development and retention of high quality staff.
- Developed and piloted a uniform medical records project to reduce paperwork and increase efficiency.
- Further developed plans to improve data processing capacity and link state with local programs.
- Received recognition from the Centers for Disease Control for excellence of health data collection through the Behavioral Risk Factor Surveillance System.

Personal Health Services

Bureau of Disease Control and Rehabilitative Services

DIVISION OF DISEASE CONTROL

DIABETES BRANCH

Program Goals: To reduce the high incidence of suffering, disability and death due to the complications of diabetes.

Second pilot site established

During fiscal year 1988, the Diabetes Branch continued its involvement with Mobile County's established diabetes program. Additionally, a second pilot program for addressing the complications of diabetes mellitus was developed and implemented in Jefferson County.

Three complications of diabetes were addressed at these two pilot sites: diabetic eye disease (DED); hypertension co-existent with diabetes; and lower extremity amputations.

Diabetic blindness prevention efforts

Diabetic eye disease was addressed by identifying patients enrolled in the diabetes program who had not had a sensitive eye evaluation and providing these patients with a state-of-the-art eye examination. Those individuals who were found to have treatable diabetic eye disease complications were referred for further evaluation and/or treatment.

Diabetic eye disease patients, fiscal year 1988

Enrolled in program	338
Receiving eye exam	261
Identified with treatable eye condition	119
Receiving treatment for eye condition	62

Undetected and untreated diabetes blinds, cripples and kills thousands of people each year and results in millions of dollars in health care costs. Through public education activities such as the one pictured above, the Diabetes Branch is raising awareness of the critical need to develop diabetes screening programs in all county health departments.

Co-existing diabetes/hypertension patients, fiscal year 1988

Enrolled in program	338
Receiving blood pressure (BP) exams	338
Diabetics diagnosed and treated for hypertension	181
Patients with history of hypertension	
Mean initial BP	148/86
Six month BP	139/82
Patients with no history of hypertension but diagnosed as hypertensive at enrollment	
Mean initial BP	150/84
Six month BP	143/81

NOTE: Blood pressure information was based on information from Mobile site only.

Treating diabetics with high blood pressure

Hypertension, co-existent with diabetes, may lead to several complications such as end stage renal disease, blindness, coronary artery disease, stroke and lower

extremity amputations. This contributing factor was addressed during fiscal year 1988 by providing blood pressure examinations for all patients enrolled in the diabetes program. Diabetic patients who were identified as having hypertension were further evaluated and provided with drug therapy if appropriate. Each patient was individually informed of the seriousness of the problem and encouraged to attend educational classes.

Lower extremity amputation prevention

Lower extremity amputation reduction activities centered on early detection and/or prevention of foot lesions. The strategy for prevention of this complication at both pilot sites was to examine the feet of all patients enrolled in the diabetes program and educate the patient in the technique of self-examination.

Lower extremity amputation prevention patients fiscal year 1988

Enrolled in diabetes program	338
Receiving examination of their feet	338
Taught self foot exam techniques, one-on-one	338
Identified as having current foot problems	13
Referred to appropriate health care provider for treatment of foot problems	13
Amputations in fiscal year 1988	0

HYPERTENSION BRANCH

Program Goals: To reduce the prevalence of uncontrolled hypertension among Alabamians aged 18 to 74 years who are at or below 150 percent of poverty, thereby reducing morbidity and mortality.

Hypertension affects one in four adults

National and state efforts to bring high blood pressure under control have been underway for the past 14 years. Hypertension, or high blood pressure, is a major cause of premature mortality among our people which can be diminished by the actions of community groups and the private and public sectors working together. A condition which is a major risk factor for heart disease and stroke, and which is present in at least one of every four adults in each community across Alabama, must be considered an important community health problem. The Alabama Department of Public Health has high blood pressure control high on its agenda.

Program expands to 42 counties

In order to continue the acceleration of services to those uncontrolled hypertensives at or below 150 percent of poverty, the Alabama program increased its county coverage area from 27 to 42 counties, or to two-thirds of the state. During this period, 1,968 net new patients were brought under therapy.

Expansion also occurred in the areas of alternate delivery sites and extended medication formulary. Two primary health care centers entered into agreements to be alternate clinic sites for program services. Two medications, not previously provided, were approved for use to increase the available choices for clinicians and private physicians.

It costs less to treat hypertension in a patient for 20 years than to pay for one critical cardiovascular event. In 1988 the Hypertension Program provided over 42,000 total blood pressure contacts with total program patients numbering over 4,900.

Therapy clinic data (42 counties)

In the counties which reported patients, there were 13,076 unduplicated individuals screened with 19 percent having elevations greater than 160/90 mm Hg. In this group, there were 351 individuals who had never before been told they had an elevated pressure. Total program patients at year end numbered 4,946. These patients accumulated 20,379 visits for an average annual visit of 4.1 times. Among these visits, on 13,761 occasions patients' blood pressures were controlled for 68 percent of the visits. In total, there were 42,474 total blood pressure contacts including screening, repeat screening and patient visits.

Distribution of patients

The two largest patient-populated counties are Dallas and Calhoun, which combine for a total of over 1,700 patients. Both of these counties have been providing services for over 11 years. Some counties had as few as two patients and had been providing services for only a month.

Program patients can either be jointly managed patients (joint care) or fully managed patients (full care). In fiscal year 1988, 1,214 patients were full care and 3,732 were joint care. Thus, the majority (75 percent) are referred by private physicians for joint management. All patients must be 150 percent of poverty level or less. This enables the program to target those most in need, to serve those who would not otherwise start or continue on therapy and to maximize resources.

Hypertension Program Patient Growth
Fiscal Years 1985-1988

	1985	1986	1987	1988
Total patients	2,756	2,493	2,979	4,946
Joint care	2,250	2,020	2,387	3,732
Full care	506	473	592	1,214

Professional and public education

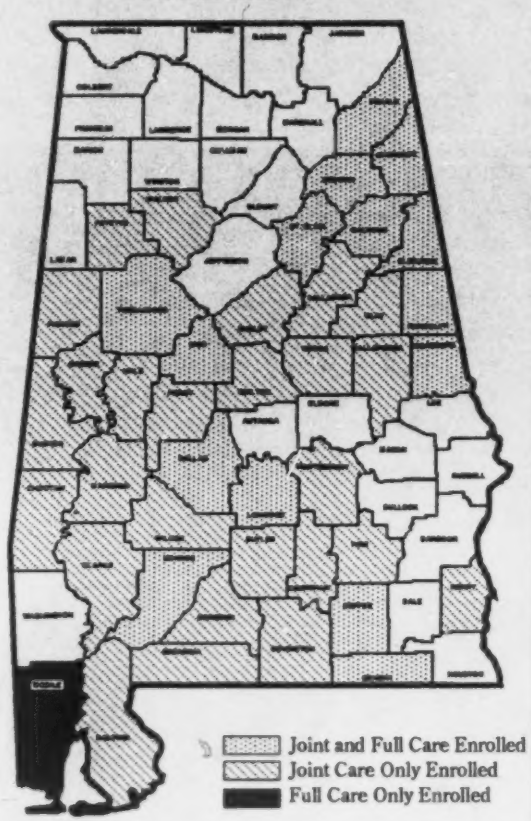
Early during the fiscal year, the Alabama Hypertension Control Program along with other state groups hosted the 13th Annual Southeastern Conference on High Blood Pressure Control held in Mobile. The purpose of such meetings is to exchange information and provide continuing education for physicians, pharmacists, nurses, dieticians, health educators and others.

During the National Diabetes Conference in Orlando, a demonstration project located in Mobile was presented. One of the goals of this pilot effort is to reduce blood pressures among diabetics with coexisting hypertension. A seminar for clinicians working in hypertension management was also held at Auburn University at Montgomery.

Continuing a long-standing tradition, High Blood Pressure Month Kits were mailed to all county health units. A 59-page publication titled "With Every Beat of Your Heart" was also provided to all counties as an additional resource as well as a guide to assist in the hypertension counseling process. Television public service announcements featuring both hypertension and cholesterol were distributed through a program-coordinated network to 23 television stations statewide in the fall and spring.

As a clearinghouse for hypertension and other cardiovascular risk reduction activity, the program was contacted and provided input or helped coordinate two screening/educational activities. One activity, "CountDown USA," sponsored by Voluntary Hospitals of America—Alabama, screened 16,000 individuals for blood pressure and cholesterol. UNOCAL 66 sponsored a blood pressure screening at three truck stops in Alabama. Nearby health departments in Tuscaloosa, Montgomery and Mobile provided staff support.

HYPERTENSION CHART 1
COUNTIES REPORTING SERVING HYPERTENSIVES BY CATEGORY OF PATIENT FISCAL YEAR 1988



Of the 42 counties reporting patients by the end of fiscal year 1988, 15 were providing joint and full care, 26 were providing joint care only and one was serving full care clients only.

Expansion plans for fiscal year 1989

When the remaining 25 counties begin delivering therapy services during 1989, 100 percent of Alabama counties will be contributing toward the reduction of uncontrolled hypertension among indigent hypertensives and, therefore, reducing cardiovascular morbidity and mortality among thousands of state citizens. Extensive planning was conducted toward the end of this year to enhance program progress. Among such planned activities are regional seminars, a revised protocol, patient medication handouts, a cholesterol pamphlet and a cooperative referral program with another state agency. All these activities have strong potential to improve the program with the referral program having promise to be a model of inter-agency cooperation to improve health outcomes.

IMMUNIZATION BRANCH

Program Goals: To reach zero morbidity from vaccine preventable diseases in Alabama residents of all ages, and to ensure proper vaccine storage and handling to maintain a less than 1 percent loss of the total cost of vaccine supplies yearly to county health departments

State program provides 70 percent of vaccines to children

A survey conducted in 1988 indicated vaccines purchased and distributed by the Immunization Branch are given to approximately 70 percent of the some 60,000 children born each year in Alabama. Almost every child will need nine to 11 immunizations before they enter school. In fiscal year 1988, the Immunization Branch purchased and distributed 424,625 doses of childhood vaccines, at an average cost of $5.84 each, to meet this yearly commitment of protecting Alabama's children from vaccine preventable disease.

In addition, some 66,000 more doses of vaccine were purchased for adult immunization needs.

Preventing vaccine wastage and ensuring accountability

In 1988, 8,000 doses of polio vaccine (1.6 percent of 490,625 doses) were lost due to a failure by a temperature probe to set off the alarm system which was installed in late 1987. Since this occurrence, additional backup temperature control alarm systems have been incorporated at the state vaccine supply center. No doses of vaccine were lost in the distribution process of 490,000 doses to the some 180 public clinics throughout the state.

In 1988, area immunization staff began visiting each county health department clinic analyzing if doses administered in each are being correctly accounted for or if clerical/clinical procedures have led to unaccountability or wastage of state purchased vaccines. Clinics found not fully accounting for vaccine are individually instructed on better procedures to eliminate factors that previously led to vaccine loss or unaccountability.

Three additional vaccines obtained for county health department use

Increases in federal and state funds for vaccine purchase in 1988 resulted in the Immunization Program supplying county health departments with limited amounts of three additional vaccines: pneumococcal, influenza and *Hemophilus influenzae* type b (HIb) vaccines.

In fiscal year 1988, public health departments in Alabama gave the following number of doses of vaccine:

Diphtheria, tetanus, pertussis (DTP)	160,730
Diphtheria, tetanus (DT)	2,274
Tetanus, diphtheria (Td)	25,810
Polio	126,519
Measles, mumps, rubella (MMR)	36,986
HIb	7,551
Influenza	31,578
Pneumococcal	442
Total Doses	391,890

STATE OF ALABAMA
CASES OF SPECIFIED NOTIFIABLE DISEASE
1984-1988

	1984	1985	1986	1987	1988
Diphtheria	0	0	0	0	0
Pertussis	2	30	25	25	62
Tetanus	2	1	3	3	3
Measles	3	0	2	4	0
Mumps	6	0	4	64	16
Rubella	3	0	0	0	0
Rubella (CRS)	0	0	0	0	1
Polio	0	0	0	0	0
Total	16	31	34	96	82

In 1988, the number of cases of pertussis (whooping cough) increased in part due to an outbreak occurring in Montgomery County.

Surveys show wide variance in immunization levels

In 1988, area and state immunization staff conducted surveys of school and pre-school age children to determine if children in Alabama are adequately immunized before and at school entry. The surveys were conducted to determine compliance to immunization requirements for school and day attendance and to evaluate the effectiveness of the state's vaccine delivery systems.

1987-88 School Immunization Survey

Number of schools surveyed	1,558
Number enrolled, K-12	772,245
Percent with fully immunized certificates	98.5

1988 Day Care Head Start Centers Survey

Number of centers surveyed 632
Number 0-5 year-olds enrolled 28,869
Percent completed for age .....78 percent

1988 Two-Year-Old Children Survey

Number surveyed 538
Percent fully immunized by age 24 months...58.2 percent

School survey results indicated that schools have continued to enforce state statutes requiring immunizations for school entry. The two-year-old children survey results indicate many children are not receiving needed immunizations while in infancy and continued strict enforcement of immunization statutes by schools and day care centers may be the prime motivational method for some parents to immunize their children.

SEXUALLY TRANSMITTED DISEASES BRANCH

Program Goals: To reduce incidences of sexually transmitted diseases (STD) to a controllable level with reduction in gonorrhea to a case rate of 350 and early syphilis to a case rate of 20 per 100,000 population. The top priority effort will be to reduce the incidence of resistant gonorrhea from a case rate of 8.47 cases per 100,000 population to a case rate of 6.5 cases per 100,000.

HIV-Ab Testing/Counseling Program expanded to all counties

Resources were expanded and testing and counseling services were extended to all 67 counties during 1988. This has increased the numbers of patients tested from approximately 6,000 during 1987 to over 20,000 during 1988.

Human immunodeficiency virus counseling and testing activities, calendar year 1988

Patients tested 32,312
Patients tested in health department (all clinics) 22, 453
Patients tested in other health provider sites 9,859
Patients receiving pre-test counseling by the health department 26,023
Patients receiving post-test counseling by the health department 12,075
Patients positive 623

Reported cases of gonorrhea, calendar year 1988

Public 13,210
Private 2,731
Military 243
Total 16,184
Case rate per 100,000 population 388.1

There was an increase in the number of penicillin-resistant strains of gonorrhea from 80 to 342 cases for a percentage increase of 342.5 percent. The number of tetracycline-resistant cases increased from 10 cases in 1987 to 11 cases in 1988 for a 10 percent increase. The case rate for all strains of resistant gonorrhea in 1988 was 8.5 cases per 100,000 population.

Reported cases of early syphilis, calendar year 1988

Primary and secondary 571
Early latent 500

Total early 1,071

Case rate for early syphilis .....25.7/100,000 population

Total 1988 syphilis case rate for all stages of syphilis

Cases 1,401
Case rate 33.6

TUBERCULOSIS CONTROL BRANCH

Program Goals: To eliminate tuberculosis in Alabama.

Alabama tuberculosis rate continues decline

There were 524 new cases of tuberculosis (TB) reported in Alabama during calendar year 1988 (451 pulmonary and 73 extrapulmonary). This represents a 3.1 percent decrease from 541 cases reported in calendar year 1987 and marks a decline in reported cases for the second straight year. The reported morbidity for 1988 reflects a case rate of 12.5 cases per 100,000 population, down from 13.0 per 100,000 population in 1987.

Two public health areas report increases

Public health areas (PHA) 3 and 4 experienced increases in morbidity for 1988. PHA 3 reported 37 new cases in 1988 compared to 24 in 1987 (54.1 percent increase). PHA 4 noted a 40.3 percent increase, from 67

new cases in 1987 to 94 new cases in 1988. The remaining six public health areas experienced decreases in the number of new cases reported. Public health area tuberculosis case rates per 100,000 population 1988 as compared to 1987 are as follows:

Public Health Area	1988	1987
1	12.3	14.1
2	18.9	22.2
3	13.2	8.7
4	17.7	12.7
5	8.8	10.0
6	12.1	14.9
7	9.9	11.8
8	12.4	14.1

Sixty-two (92.5 percent) of the 67 counties reported new tuberculosis cases in 1988. Thirty-two (48 percent) of the counties had a decrease in reported cases, 25 (37 percent) experienced an increase and 10 (15 percent) reported the same number as in 1987. Counties reporting no new cases included Coosa, Henry, Hale, Monroe and Washington. Of those counties reporting new cases of tuberculosis, Dallas County had the highest case rate (36.8 per 100,000 population) and Dale County the lowest (2.0 cases per 100,000 population).

TB hospitalizations continue decrease

The eight contract hospitals (46 TB beds) served 117 patients during fiscal year 1988. This was down from 146 in fiscal year 1987, which marks a 19.9 percent decrease in the number of patients in need of this service. The average patient stay in fiscal year 1988 was 13.7 days. This was down from 15.5 days in fiscal year 1987. The average hospital cost per day in fiscal year 1988 was $662.61, and the average TB budget cost was $327.97.

Prevention therapy program adds new patients

During calendar year 1988, 3,284 persons were placed on preventive therapy through the TB Control Program in Alabama. This brings the total to approximately 148,000 since the beginning of the preventive therapy program in 1965.

DOT protocol initiated to ensure treatment compliance

In calendar year 1988, the Directly Observed Therapy Protocol (DOT) was approved by the state health officer and formally initiated statewide. At the close of fiscal year 1988, 66 percent of TB patients under treatment were on DOT.

In 1988 the Tuberculosis Branch implemented the Directly Observed Therapy Program (DOT) to combat the problem of patient medication non-compliance. At the close of the fiscal year, 66 percent of department tuberculosis patients were on DOT.

Training courses offered in conjunction with the DOT protocol began in 1988 and will continue during 1989. Participants will include the designated TB nurses from county health departments.

Preventing HIV and AIDS-related tuberculosis

All persons with tuberculosis infection seen in health department clinics are being given information about AIDS risk factors and HIV Ab testing. The HIV Ab test is offered on a voluntary basis to those who wish to have the test. All TB program personnel working in the field received training in HIV Ab pre/post test counseling during 1988.

Another TB/AIDS related activity which began in 1988 is the tuberculin testing of all individuals with positive HIV Ab tests. Those individuals found to have tuberculosis infection are placed on INH preventive therapy.

TB/AIDS register match

During the first half of calendar year 1988, an ongoing system for matching the TB and AIDS case registers was developed. Register matching activities are currently conducted on a monthly basis. In Alabama, from 1981 through June 30, 1988, there have been 14 individuals diagnosed with both TB and AIDS. The total number of AIDS cases reported during the period was 324.

ZOONOTIC DISEASES BRANCH

Program Goals: To provide coordination and consultation to local health departments, health care providers and the general public for a statewide rabies immunization and control program and consultation on animal diseases considered to be transmissible to man.

Total rabies cases increase in 1988

Since 1978, a persistent and alarming increase in the incidence of rabies in Alabama has been observed, especially in wildlife. Rabies was diagnosed in 26 counties of the state during 1988 and remains a serious threat to human beings, livestock and pets.

A marked increase occurred in the total number of rabid animals diagnosed by the Bureau of Clinical Laboratories, from 81 in 1987 to 94 in 1988. This has been particularly noticeable in the southeast quadrant of the state where raccoon-to-raccoon transmission continues following a decade of local infection. Statewide positivity rates remain reasonably constant, while specific species of wildlife vary slightly from year to year: raccoons, 25 percent; bats, 10 percent; skunks, 7 percent; and foxes, 5 percent.

Consultations prevent unnecessary expenses

Distribution of rabies biologicals for human use has remained fairly constant during the past several years but increases are noted in their use for the purpose of pre-exposure immunization. Forty-two individuals were classified as non-exposures following consultation with physicians and program staff, representing reduced medical expenses to patients of approximately $17,000.

Cat/dog immunization efforts continue

Rabies immunization program activities for dogs and cats have been increased statewide and media support has been utilized extensively to make the public aware of this service. Since rabies in Alabama has historically been found in wildlife, a strong effort is being maintained to establish a highly immunized dog and cat population to reduce human exposure via these pets. Measures to control rabies in wildlife have not produced favorable results throughout the nation and have not been attempted in Alabama.

Other zoonotic diseases

Additional zoonotic diseases encountered on a continuing basis are brucellosis, histoplasmosis, psittacosis, leptospirosis, visceral larva migrans and a wide variety of other infectious and parasitic diseases transmissible to man.

Rabies was diagnosed in 26 counties during 1988 and remains a serious threat to human beings, livestock and pets. Raccoons and bats continue to lead as reported rabies carriers. Since efforts to control rabies in wildlife have not proven feasible, Alabama stresses protection through public education promoting dog and cat immunization and warning against handling wild animals.

24-hour hotline service continues

A 24-hour hotline is provided to physicians, hospitals and the general public for consultation on zoonotic disease. This service is available and staffed seven days a week.

DIVISION OF AIDS PREVENTION AND CONTROL

Program Goals: To reduce the spread of HIV infection and thus affect a significant decline in the suffering and death due to Acquired Immunodeficiency Syndrome (AIDS).

AIDS Division established

AIDS is a worldwide epidemic which has become a national health priority. A total of 443 persons have been reported with AIDS in Alabama since 1982; more than 230 of these have died.

Currently there is no vaccine to prevent this infection nor is there an effective cure. The only way to decrease the spread of AIDS is through education and information designed to reach those persons at risk of contacting the virus.

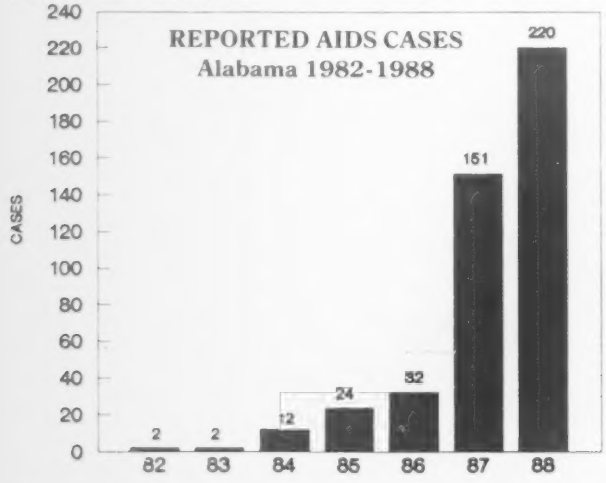
During most of 1988 AIDS program services and activities were the responsibilities of the Sexually Transmitted Diseases (STD) Branch. To increase preventive and supportive services to deal with this state and national health priority, the department established a new office, the Division of AIDS Prevention and Control.

SURVEILLANCE BRANCH

Surveillance tracks AIDS trends

The AIDS Surveillance Branch collects data on AIDS for a variety of planning purposes. AIDS Graph 1, Chart 1 and Tables 1-2 indicate the number of AIDS cases in Alabama since 1982 and the distribution of AIDS cases by county and by patient group and race.

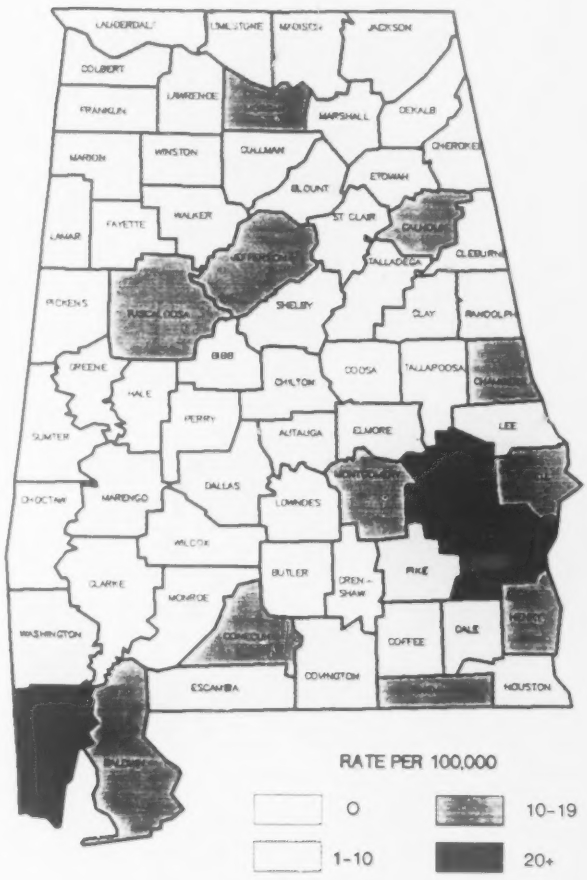
A I D S GRAPH 1



During 1988 the 220 reported AIDS cases nearly doubled the case total reported during the previous five years between 1982 and 1987.

A I D S Chart 1

AIDS IN ALABAMA, CUMULATIVE RATES 1982-1988



Fifty-two of 67 counties have thus far reported at least one case since AIDS became a notifiable disease in July 1983.

HIV registry established

During 1988, the newly formed AIDS Surveillance Branch established computerized HIV registry to monitor trends in HIV infection throughout the state. Through 1988 over 700 persons with HIV infection have been reported to the Surveillance Branch. As increasing case investigations are projected to occur, plans include hiring an additional surveillance nurse to augment the surveillance staff.

AIDS SURVEILLANCE
By Race, Sex and Patient Group

A I D S TABLE 1

Race/Ethnicity 1982-1988	Males (%)	Females (%)	Total (%)
White, Not Hispanic	233 (59)	25 (50)	258 (59)
Black, Not Hispanic	157 (41)	26 (50)	183 (41)
Hispanic	2 (0)	0 (0)	2 (2)
TOTAL	392 (100)	51 (100)	443 (100)

A I D S TABLE 2

Adult AIDS in Alabama by Patient Group 1982-1988	Males (%)	Females (%)	Total (%)
Homosexual/Bisexual	246 (64)	0 (0)	246 (57)
Intravenous Drug User	56 (15)	13 (28)	69 (16)
Homosexual/Bisexual IV Drug User	47 (12)	0 (0)	47 (11)
Hemophiliac	10 (3)	0 (0)	10 (2)
Heterosexual Contact	11 (3)	23 (49)	34 (8)
Transfusion/Blood	12 (3)	10 (21)	22 (5)
None Above/Other	1 (0)	1 (1)	2 (0)
TOTAL	383 (100)	47 (100)	430 (100)

Six pediatric AIDS cases were reported in 1988 bringing the state total to 13 cases. Blacks in Alabama comprise about 26 percent of the population, yet 41 percent of the AIDS cases have occurred among blacks.

Surveillance records show a trend of increasing cases reported among blacks with a history of intravenous drug use and among blacks and whites reporting heterosexual contact with known HIV infected individuals.

HEALTH EDUCATION/RISK REDUCTION BRANCH

Public surveyed on understanding of AIDS

In 1988, the Sexually Transmitted Disease Branch of the Division of Disease Control requested that the Office of Health Promotion and Information conduct two opinion surveys on Alabama residents regarding AIDS. Survey One was conducted in the spring and Survey Two in the summer following the congressionally mailed brochure, "Understanding AIDS," to every household in the country in late May.

In both surveys, most Alabamians (over 95 percent) reported that they know the means by which an individual can become infected. However, there still remains some misconceptions regarding exposure to the AIDS virus through casual contact such as breathing the same air, drinking from a glass and touching money of AIDS victims.

Positive improvements were revealed in Survey Two on Alabamians' attitudes toward AIDS victims. Survey Two reported an increase to 63.2 percent from 58.9 percent in Survey One that victims should not be banned from working in certain jobs. Also, there was an increase to 75.7 percent in Survey Two from 69.2 percent in Survey One that children should be allowed to attend school.

Final survey reports were made available to the public detailing Alabamians' opinions on AIDS.

Addressing minority needs

A disproportionate level of the HIV infection and cases

of AIDS were reported among the minority population in Alabama. The state's figure of 41 percent of all AIDS cases occurring among blacks is higher than the national average where blacks with AIDS represent only 26 percent of the total number of the cases.

The STD Division entered into agreement with minority organizations statewide to work with various community groups on AIDS prevention activities designed to help the minority population. Three organizations, Tuskegee Area Health Education Center (TAHEC), West Alabama Health Services (WAHS) and the Eagles Foundation collaborated to develop and coordinate a comprehensive minority AIDS education plan. Prior to specific proposal activities, these organizations conducted a statewide minority 1988 baseline survey on Alabama minority residents' opinions on AIDS. Plans developed included staff training on minority education needs as well as special public education activities and materials.

Alabama AIDS Network provides grassroots support

The Alabama AIDS Network was established by an agreement between the Alabama Department of Public Health and the University of South Alabama, College of Medicine, to coordinate statewide AIDS education and services of health care professionals and volunteers working together to prevent and control AIDS within Alabama. Membership in the AIDS Network includes 180 public and private agencies, organizations and institutions. This grassroots support multiplies the teaching/training efforts of public health personnel statewide.

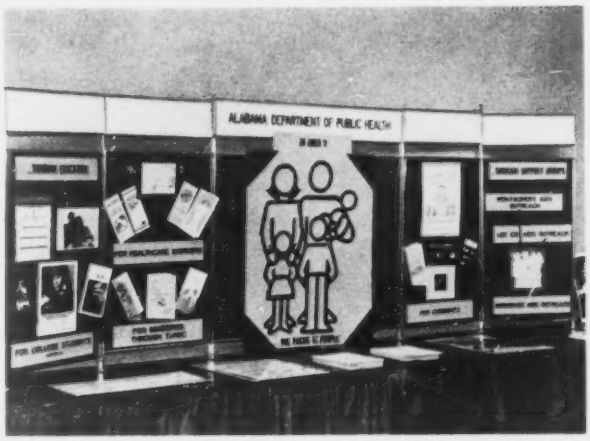
Massive public, professional education

During 1988 network members reported a total of 757 educational events reaching over 41,000 individuals in Alabama. Hundreds of informational programs in the media, health fairs, billboards, posters and mass mailing reached thousands more in the target groups of health care professionals, students, the public and high-risk and infected individuals.

Over 2,500 AIDS resource directories detailing education and service programs were distributed to health care professionals across the state. South Central Bell published "Get Facts about AIDS" and the Alabama and National AIDS Hotline numbers in *Bell Notes*, which reached 1,223,000 Alabama households.

Over 130 physicians and health care providers agreed to serve on the network's statewide speakers bureau.

In October 1988, more than 800 participants attended the Second Alabama AIDS Symposium sponsored by the health department and co-sponsored by 38 statewide agencies and organizations. Sixty-two speakers presented a wide range of topics on AIDS issues, including volunteer services, school and college age youth, minorities, substance abuse, legal and ethical issues, and maternity and infant AIDS.



Currently the only way to decrease the spread of AIDS is through prevention. During 1988 the department provided hundreds of informational programs and several thousand pieces of educational materials to the public and to health care professionals throughout the state.

DIVISION OF EPIDEMIOLOGY

Program Goals: To monitor and investigate the occurrence of communicable and chronic diseases, perinatal events, environmental and occupational health hazards, and mortality trends; to provide leadership and technical expertise in the analysis of risk factors of the above categories and in the development, implementation and assessment of control strategies designed to lessen the morbidity and mortality associated with them.

Notifiable disease surveillance

A major function of the Division of Epidemiology is surveillance of notifiable diseases different from tuberculosis and the sexually transmitted diseases. During 1988 a total of 3,392 cases of these notifiable diseases were reported to this division. This total represents a 15 percent increase over the cases reported during 1987. Compared to 1987, diseases showing the largest increases in 1988 are shigellosis (309 percent), pertussis (148 percent), campylobacteriosis (58 percent), and invasive *Hemophilus influenzae* disease (21 percent). Commonly reported diseases that showed a decrease in 1988 compared to 1987 include mumps (75 percent),

EPIDEMIOLOGY TABLE 1
CASES OF NOTIFIABLE DISEASES
BY YEAR, ALABAMA, 1978-1988

Diseases	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988
AIDS	—	—	—	—	2	3	2	26	30	151	220
Amebiasis	5	2	7	4	4	5	11	6	10	21	4
Brucellosis	3	3	6	4	5	5	4	2	2	0	1
Campylobacteriosis	—	—	24	61	56	109	99	109	196	156	247
Encephalitis	16	28	12	23	18	25	26	15	31	19	28
Giardiasis	—	—	—	—	435	713	1,277	1,351	1,183	594	616
Gonorrhea	25,082	26,012	24,464	25,178	25,092	23,156	23,376	23,717	21,055	17,988	16,184
H. influenzae	—	—	—	116	82	84	118	102	128	141	166
Hepatitis, A	224	267	237	155	128	183	127	52	70	80	56
Hepatitis, B	168	236	273	289	381	424	464	487	576	412	330
Hepatitis, unspec.	57	120	138	78	57	49	35	15	15	9	11
Hep., Non A, Non B	—	—	—	32	63	76	70	76	69	56	61
Histoplasmosis	—	50	21	72	131	104	81	55	77	11	18
Kawasaki	—	—	—	—	—	9	9	19	13	10	7
Legionellosis	13	10	10	7	9	5	19	5	9	7	14
Leprosy	0	0	0	0	0	0	0	0	1	0	2
Leptospirosis	1	2	1	1	2	2	1	1	0	0	0
Listeriosis	—	—	—	—	—	—	—	—	—	—	7
Malaria	2	6	8	10	2	7	8	6	10	5	10
Measles	102	129	22	2	2	5	3	0	2	4	0
Meningitis, aseptic	148	289	537	326	321	445	238	303	377	252	189
Meningococcal infect.	52	41	58	68	56	50	36	28	41	45	41
Mumps	437	28	36	19	10	2	6	2	4	64	16
Pertussis	3	4	3	0	5	5	2	30	25	25	62
Poliomyelitis	0	0	0	0	0	0	0	1	0	0	0
Psittacosis	0	2	2	0	1	0	0	0	2	0	0
Rabies in animals	53	73	56	123	146	85	130	124	117	81	94
Reye Syndrome	5	7	10	14	10	5	5	3	4	0	0
Rocky Mt. Spotted Fev.	13	21	18	24	19	24	15	16	25	11	10
Rubella	25	44	3	1	0	1	3	0	0	0	0
Salmonellosis	486	474	534	603	543	737	477	740	733	798	858
Shigellosis	246	121	157	61	84	105	76	153	51	128	523
Syphilis	421	577	893	1,062	1,510	1,528	1,382	1,375	1,165	1,142	1,401
Tetanus	0	5	4	2	6	3	2	2	3	3	3
Toxic Shock Syndrome	—	—	—	11	5	6	2	2	5	6	2
Tuberculosis	672	644	665	640	631	523	565	531	601	541	524
Tularemia	1	0	2	0	0	0	0	1	1	1	0
Typhoid Fever	3	8	4	5	10	2	2	2	1	1	1
Vibriosis	—	—	—	—	—	—	—	—	—	—	14

* ***No cases of anthrax, botulism, cholera, diphtheria and yellow fever were reported during 1978-1988; one case of dengue fever was reported in 1978 and one in 1979; one case of trichinosis was reported in 1979. (—) implies not reportable.***

hepatitis A (30 percent), aseptic meningitis (25 percent) and hepatitis B (20 percent). Calendar year totals for reported notifiable diseases are shown in Epidemiology Tables 1 and 2.

Investigations include shigellosis outbreak

Investigated outbreaks included gastroenteritis among campers in Talladega County, hepatitis A among persons

EPIDEMIOLOGY TABLE 2
CASES AND RATES* OF NOTIFIABLE DISEASES**
BY PUBLIC HEALTH AREA, ALABAMA, 1988

DISEASE	AREA 1		AREA 2		AREA 3		AREA 4		AREA 5		AREA 6		AREA 7		AREA 8		TOTAL	
	number	rate	number	rate	number	rate	number	rate	number	rate	number	rate	number	rate	number	rate	number	rate
AIDS	25	2.9	12	5.2	6	2.1	18	3.4	43	5.1	11	2.9	37	9.4	68	9.9	220	5.2
Amebiasis	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0	2	0.5	0	0.0	4	0.1
Brucellosis	0	0.0	0	0.0	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
Campylobacteriosis	59	6.9	7	3.0	6	2.1	21	3.9	31	3.7	11	2.9	74	18.8	38	5.5	247	5.9
Encephalitis	8	0.9	0	0.0	1	0.4	5	0.9	4	0.5	3	0.8	3	0.8	4	0.6	28	0.7
Giardiasis	44	5.2	12	5.2	23	8.2	36	6.8	125	14.9	91	23.9	234	59.6	51	7.4	616	14.7
Gonorrhea	1,859	218.4	938	403.4	271	96.5	1,090	204.8	3,408	405.5	1,115	293.0	2,839	722.5	4,664	680.8	16,184	385.7
H. influenzae	31	3.6	7	3.0	12	4.3	9	1.7	31	3.7	18	4.7	29	7.4	29	4.2	166	4.0
Hepatitis A	5	0.6	0	0.0	0	0.0	6	1.1	16	1.9	2	0.5	9	2.3	18	2.6	56	1.3
Hepatitis B	47	5.5	7	3.0	13	4.6	46	8.6	55	6.5	23	6.0	58	14.8	81	11.8	330	7.9
Hepatitis, unspec.	1	0.1	1	0.4	0	0.0	3	0.6	1	0.1	0	0.0	0	0.0	5	0.7	11	0.3
Hepatitis, Non A Non B	9	1.1	1	0.4	6	2.1	7	1.3	3	0.4	1	0.3	6	1.5	28	4.1	61	1.5
Histoplasmosis	3	0.4	3	1.3	0	0.0	0	0.0	8	1.0	1	0.3	1	0.3	2	0.3	18	0.4
Kawasaki	5	0.6	1	0.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	7	0.2
Legionellosis	0	0.0	0	0.0	0	0.0	5	0.9	4	0.5	2	0.5	0	0.0	3	0.4	14	0.3
Leprosy	1	0.1	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	2	0.0
Leptospirosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Listeriosis	1	0.1	0	0.0	2	0.7	1	0.2	3	0.4	0	0.0	0	0.0	0	0.0	7	0
Malaria	1	0.1	0	0.0	1	0.4	2	0.4	1	0.1	0	0.0	2	0.5	3	0.4	10	0.2
Measles	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Meningitis, aseptic	25	2.9	3	1.3	10	3.6	23	4.3	19	2.3	16	4.2	40	10.2	53	7.7	189	4.5
Meningococcal infect.	7	0.8	3	1.3	2	0.7	11	2.1	7	0.8	0	0.0	4	1.0	7	1.0	41	1.0
Mumps	2	0.2	0	0.0	4	1.4	3	0.6	2	2.0	2	2.0	2	0.5	1	0.1	16	0.4
Pertussis	8	0.9	1	0.4	1	0.4	5	0.9	27	3.2	2	0.5	9	2.3	9	1.3	62	1.5
Poliomyelitis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Psittacosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Rabies in animals	2	0.2	2	0.9	2	0.7	8	1.5	74	8.8	5	1.3	0	0.0	1	0.1	94	2.2
Reye Syndrome	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Rocky Mount. Spot. Fev.	4	0.5	1	0.4	0	0.0	2	0.4	0	0.0	1	0.3	2	0.5	0	0.0	10	0.2
Rubella	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Salmonellosis	118	13.9	49	21.1	19	6.8	53	10.0	174	20.7	52	13.7	186	47.3	207	30.2	858	20.5
Shigellosis	5	0.6	7	3.0	10	3.6	7	1.3	28	3.3	25	6.6	346	88.1	95	13.9	523	12.5
Syphilis	70	8.2	31	13.3	32	11.4	164	30.8	423	50.3	118	31.0	218	55.5	345	50.4	1,401	33.4
Tetanus	0	0.0	0	0.0	0	0.0	1	0.2	0	0.0	0	0.0	1	0.3	1	0.1	3	0.1
Toxic Shock Syn.	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	2	0.0
Tuberculosis	105	12.3	44	18.9	37	13.2	94	17.7	74	8.8	46	12.1	39	9.9	85	12.4	524	12.5
Tularemia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Typhoid Fever	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
Vibriosis	0	0.0	0	0.0	1	0.4	0	0.0	6	0.7	1	0.3	5	1.3	1	0.1	14	0.3

*Per 100,000 persons, based on 1988 estimated population.

**No cases of anthrax, botulism, cholera, dengue fever, diphtheria, trichinosis and yellow fever were reported.

who ate raw oysters in South Alabama and, with the help of a Centers for Disease Control investigator, widespread shigellosis in Mobile County.

Chronic disease activity development

With the acquisition of a chronic disease epidemiologist the division is in a better position to address this field of epidemiology. Underway is development of an algorithmic approach of the analysis of alleged cancer clusters by use of age-adjusted cancer mortality data. In December the division was notified of federal funding for an investigation of lead exposure among children in Leeds. This study will be conducted in 1989.

Professional education efforts

Two statewide training sessions were held in 1988. During May a manual of disease surveillance was distributed to all area and county health departments. Area epidemiology coordinators were subsequently instructed in the use of this manual. In November over 30 state, area and local personnel took part in a two-day course on conducting foodborne outbreak investigations. In addition to these training sessions epidemiology seminars are held in the state office bi-weekly. Finally, a monthly newsletter, *Alabama Epidemiology Report*, is mailed to approximately 7,300 physicians and other interested persons.

DIVISION OF LONG TERM CARE AND REHABILITATION

Program Goals: To identify, plan, implement, and evaluate public health programs for individuals eligible for home health services through Medicare, Medicaid, or Disease and Disability with chronic diseases and rehabilitation needs and for those who need specific geriatric services to increase or enhance their quality of life and to maintain them in their home setting; and to provide care for the terminally ill and assistance to their families.

The Division of Long Term Care and Rehabilitation has expanded its services and mission and is operating with the following branches: Home Health; Diversified Services; Community Waivered Services; Geriatric Services; Accreditation, Training and Support Services; and Quality Assurance.

Home health visits total over 348,890

The Division of Long Term Care and Rehabilitation, Home Health Branch, continues to serve as the parent agency for local county health department home health agency subunits with the exception of Jefferson County, which is a separate provider. Presently there are 64 Medicare-Medicaid certified subunits covering 65 counties under the parent agency. One subunit, Northwest Region, is comprised of two counties, Colbert and Lauderdale. Madison County continues to be nonparticipatory as a Medicare-Medicaid certified home health agency, but does provide some services in the nonregulated service areas. County health departments throughout the state have worked to expand all services provided.

Home health nurses in the county health departments provide skilled nursing services to patients who have been referred and whose private attending physicians have given orders for home care to be rendered. Home health nurses are also supervisors and/or coordinators for all other services provided such as physical therapy, speech therapy, occupational therapy, medical social services and home health aide care.

All counties also utilize contract personnel when needed. Services furnished by contractual agreements are:

Physical Therapy	49 counties
Physical Therapy Assistant	28 counties
Speech Therapy	30 counties
Occupational Therapy	10 counties
Certified Occupational Therapy Assistant	1 county
Medical Social Services	5 counties
Medical Social Services Assistant	3 counties
Respiratory Therapy	2 counties
Nutrition	5 counties
Enterostomal Therapy	3 counties

In fiscal year 1988, local subunits made 348,893 home health service visits with an additional 22,196 supervisory and evaluation visits which are deemed administrative cost visits.

Home health reimbursement activities

Services for which reimbursement may be received in the Medicare program are skilled nursing, physical therapy, speech therapy, occupational therapy, medical social services, and home health aide. The only reimbursable services in the Medicaid program are skilled nursing and home health aide. Private insurance and other governmental programs provide reimbursement as defined in the benefit package of their company or agency. Disease and Disability medically indigent persons receive any covered service as listed for Medicare as local funding is available.

Medicaid statistics breakdown indicates 124,564 visits were made in this category. A total of 45,258 vists were made in the Disease and Disability program.

Payments were made by other third party payors for 5,026 skilled nursing visits, 702 physical therapy visits, and 1,290 home health aide visits. A total of $211,493.69

was collected during 1988. Of this amount, $10,592.70 was in payment for 1987 fiscal year services.

Self, full or partial, payment for fiscal year 1988 amounted to $27,540.42 and token payment received was $3,885.50.

Staff worked with subunits and fiscal intermediaries on denials for 221 skilled nursing visits, 34 physical therapy visits, 6 occupational therapy visits and 539 home health aide visits. Through informal review and reconsideration 477 visits were reversed.

Additional revenue is expected when a review of this division's Medicare cost reports for fiscal years 1984-86 is completed. This review has been accomplished through the nationally known accounting firm brought in under State Health Officer Dr. Earl Fox's direction.

Other third-party reimbursement statewide agreements successfuly negotiated in recent months include Blue Cross and Blue Shield for home health and a cooperative agreement with organizations for IV therapy services and products.

Home health industry changes increase workload

Changes in the home health industry, some of which have placed additional work on staff at all levels, include:

- Implementation by the Health Care Financing Administration (HCFA) of the hospital prospective payment system (PPS) based on diagnostic-related groupings (DRGs). This resulted in patients being released "quicker and sicker," thus increasing the demands on nurses providing home care, including requiring high technology skills such as IV therapy, oncology services, terminal care, and so forth.
- Implementation by Medicare fiscal intermediaries, at the direction of HFCA, of two new referral and treatment plans; new billing claims forms and procedures; pre-and post-payment and onsite medical record and audit reviews; and Medicare as secondary payer to other coverage held by patients.
- Increase in daily care coverage from 21 to 90 days. This change comes as a result of a lawsuit won by the home health industry against the HFCA in the face of coverage interpretation restrictions despite "quicker and sicker" releases and controversy over definitions of daily and intermittent care.
- Success by the home health industry in convincing Congress to redefine homebound status from bed-confined to infrequent absence from home, usually to obtain medical care.
- Change to AEtna Life Insurance Company as the department's fiscal intermediary as directed by the HFCA after Prudential, the former intermediary, withdrew.

Community Waivered Services Program

The Division of Long Term Care and Rehabilitation and county health department subunits not only provide the above traditional home health services, but are also involved in providing other in-home and community services which complement the home health component. One such program is the Medicaid Home and Community-Based Waivered Program. Services provided under this program included:

Waiver Admission Visits	1,193
Case Management	1,454
Homemaker	72,908
Personal Care Aide	40,645
Unskilled Respite	12,494
Skilled Respite	442
Total	127,943

The department has a statewide contract with the Department of Human Resources to provide services in this program. Even though this contract is statewide, each county comes into the program on an individual basis. Contracts are also negotiated individually with the local Area Agencies on Aging to provide the Waivered services in counties served by the different area agencies.

Presently 56 counties are actively participating in providing service. Eighty-three percent of the subunits of the division are involved in providing community-based waivered services. Efforts are underway to implement services in the 11 nonparticipating counties.

The number of supervisory visits made for program operation totaled 9,704. Counties providing case management are Coffee, Covington and Geneva.

Other contract service activities

Other contract service activities included:

- Homemaker services under the Title XX program administered by the Department of Human Resources. During its first year of operation, 6,512 visits were made under this program in the participating counties of Autauga, Elmore, Henry, Marshall, Monroe, Montgomery, Sumter, and Tallapoosa. Reimbursement to counties is on an hourly fee basis.
- Universal contract developed by the division and approved by the Department of Human Resources to expedite administration and provision of Waivered services, which is one of the division's fastest growing programs.
- Private duty nursing as covered under Blue Cross and Blue Shield home health agreement (usually pre-approved one-hour service visits).

Geriatric/Chronic Disease and Rehabilitation Programs

Two additional programs which impact and serve as a referral source for the home health program are Geriatric Services (65 years of age and over) and Chronic Disease and Rehabilitation Services (64 years of age and under). Both programs provide services to nonhomebound individuals in the clinic, home, or community setting. The 65 years of age and older group received 2,406 clinic service visits and 6,171 home or community visits. The under 65 years of age group received 4,118 clinic visits and 1,460 home or community visits. In these two programs, for which no reimbursement is received at this time, a total of 14,155 service visits were made. As in home health, medically indigent services funding for these two programs comes from general funds of the local health department.

Social work program development

The division has increased staff to include social workers as a service component. Consultation is now available to area and county units for recruitment and supervision of social workers in the long term care programs.

Activities of social services staff included:

- Presented at Staff Development on subject of "Pediatric Long Term Care."
- Proposed Home and Community-Based Medicaid Waiver for AIDS/ARC Patients. Submission to Health Care Financing Administration for approval requests implementation Oct. 1, 1989.
- Developed Policy and Procedure Manual for Social Workers.
- Assisted in the establishment of social services positions within the Merit System and in the recruitment of personnel on the area and county level.
- Using a formula developed by health planning, there is a potential of 40,000 citizens of this state who have been diagnosed or are at risk to develop Alzheimer's Disease. Presently, the division is not funded nor is there an organized effort to fund services needed by this group which includes case management, teaching caregivers and developing caregiver support groups. The division is assisting various support groups to organize and become effective in meeting the needs of this target population. Activities include training for respite care workers and several public and professional awareness and educational projects.

The department provided over 348,890 home health visits in 1988, thus assuring that more people who need special care can continue to live at home instead of being institutionalized.

- Received twelve referrals through the division's 1-800 line. Home visits were made with appropriate referrals.

Quality Assurance Program

During 1988 the tool for determining the level of services provided by personnel in subunits was continuously evaluated and refined. Site visits were made to 32 counties. Four units that were used to evaluate services were validation of work hours, competency level, record review, and patient questionnaire.

Statistics collected through record review and home visiting with staff indicate that, excluding documentation, the average time for a skilled visit is 56 minutes; direct service, 36 minutes; and average travel time, 16 minutes. This data will establish standards by which staff can determine their productivity. These tools are being adapted to evaluate the home health aides and other disciplines.

Other activities to ensure cost-efficient, quality care

- Participated in a self-study for the Homemaker/ Home Health Aide Accreditation by the National Foundation for Hospice and Homecare. Department program accreditation to be received in March 1989.
- Division selected as one of three state offices to participate in developing a certification system to be established by the Foundation for Hospice and Homecare which is designed to 1) establish a

consensus on a minimum set of national standards for preparation of paraprofessionals, 2) develop a common curriculum, and 3) develop a competency testing mechanism.

All efforts to upgrade and make uniform home health paraprofessional standards further assure the public of consistent quality, cost-efficient care.

- Conducting a study in cooperation with Dr. Luis Aponte-Merced, the University of Alabama at Birmingham, University of Alabama School of Dentistry, to determine the "Oral Health Status and Needs of the Homebound Elderly in Alabama." This research will provide direction in future planning for health care of the home care patient.
- Placed area long term care coordinator in positions which were established in 1987. A coordinator within the division will serve as liaison with this area staff to increase services and assure that quality services are available to public health clients.
- Worked with data and financial staff to interview vendors to provide for computerization for selected subunits in 1989.
- Home Health Branch selected by the Georgetown University School of Nursing to participate in a research study to determine patient classification, acuity level of care and service time required to provide care. Staff will be reviewing 1,000 to 1,500 records and interviewing public health nursing staff utilizing research tools developed by the university. Study funded by HCFA.

Bureau of Family Health Services

DIVISION OF MATERNITY SERVICES

Program Goals: To reduce the incidence of maternal and infant mortality and the incidence of handicapping conditions through improved access to quality prenatal care.

Major Objectives

By 1990, the percent of maternity patients in need receiving services will be increased.

By 1990, based on prenatal risk assessment, 90 percent of health department maternity patients will receive appropriate prenatal care.

Initiatives carried out in 1988

- Increased the percentage of maternity patients served from 68 percent in 1987 to 73 percent in 1988.
- Began implementation of a grant from the Robert Wood Johnson Foundation in which multi-county perinatal coordinators were hired to case manage the perinatal

FAMILY HEALTH SERVICES

TABLE 1
PATIENTS SERVED

Program	FY 1986	FY 1987	FY 1988
Maternity	17,950	20,172	21,601
Well Child	63,509	72,752	70,757
EPSDT	26,327	32,427	44,719
Family Planning	83,143	83,476	72,459
Cancer Detection	17,623	18,116	16,163
WIC	70,951	75,106	76,724

TABLE 2
PERCENT IN NEED MET

Program	FY 1986	FY 1987	FY 1988
Maternity	62%	68%	73%
Well Child	14%	16%	15%
EPSDT	23%	27%	39%
Family Planning	30%	36%	35%
Cancer Detection	6%	7%	6%
WIC	44%	47%	49%

MATERNITY SERVICES TABLE 1
MATERNITY STATISTICS FISCAL YEAR 1988
STATEWIDE

Area	Patients Served		Total Visits	Race		Avg. Visits Per Patient	Percent of "In Need" Met	Trimester of Pregnancy at Admission		
	New	Total		White	Other			First	Second	Third
1	1,804	1,903	7,552	79%	21%	4.0	43%	21%	65%	14%
2	1,118	1,608	9,476	39%	61%	5.9	84%	28%	61%	11%
3	892	1,143	5,476	80%	20%	4.8	74%	41%	51%	8%
4	1,621	2,217	12,176	70%	30%	5.5	71%	26%	61%	13%
5	4,045	5,599	30,370	30%	70%	5.4	81%	22%	62%	16%
6	1,549	2,002	9,061	32%	68%	4.5	62%	39%	52%	9%
7	1,243	2,376	14,690	38%	62%	6.2	66%	90%	8%	2%
8	3,628	4,753	24,821	27%	73%	5.2	96%	40%	52%	8%
State	15,700	21,601	113,622	42%	58%	5.3	73%	37%	52%	11%

system. To date, these coordinators have conducted county needs assessments and are identifying gaps in the system with plans to develop methods to address these gaps.

- Adopted a new antepartum record with a risk assessment tool which will be implemented statewide in January 1989. Funding was secured from the March of Dimes to produce enough copies of this record so that it can be offered free of charge for two years to the private community as well as the public.

FISCAL YEAR 1988
MATERNITY SERVICES TABLE 2
MATERNITY
AGE GROUPS

Area	Under 18	18-19	20-34	35+
1	19%	20%	60%	1%
2	20%	16%	61%	3%
3	21%	16%	60%	3%
4	25%	21%	52%	2%
5	20%	18%	59%	3%
6	19%	18%	60%	3%
7	18%	17%	61%	3%
8	18%	17%	63%	2%
State	20%	18%	60%	2%

- Participated in the development of an outreach/ marketing prenatal care campaign in conjunction with the Department of Human Resources and the Alabama Medicaid Agency.
- Provided support with federal SPRANS funds for a perinatal system of care in Montgomery, Lowndes, Elmore and Autauga counties (Gift-of-Life). Through this new coordinated system of care, 940 babies have been delivered as of Nov. 30, 1988.
- Supported the Medicaid expansion in which Medicaid eligibility financial requirements were lowered to include pregnant women and their infants who are less than 100 percent of the federal poverty level.
- Supported core services in every health department clinic which requires that prenatal and infant health care be available every day.
- Provided free obstetrical resource information to approximately 500 women who called the Storkline in calendar year 1988. Over 1,400 calls have been received since the Storkline was implemented.

PERINATAL SERVICES BRANCH

Program Goals: To assure that pregnant women and their infants receive appropriate levels of care through the implementation of a comprehensive regionalized perinatal system.

Program provided over 10,000 with patient care

The Perinatal Program is administered by the Bureau of Family Health Services and is funded through an appropriation from the state. The program receives guidance from the State Perinatal Advisory Committee and seven regional perinatal advisory committees.

Perinatal Program services are delivered through a variety of public and private providers. During fiscal year 1988, 21 statewide perinatal projects were operational,

providing such services as perinatal care and delivery, hospital inpatient care, specialized testing at complications clinics, transportation, high-risk infant follow-up and outreach education.

In fiscal year 1988, approximately 10,000 individuals received patient care services; 4,300 hospital personnel received training; over 12,300 other providers and consumers were provided outreach education services; about 1,500 infants received follow-up assessment and evaluation in multi-disciplinary clinics; and approximately 18,000 specialized tests were provided high-risk maternity patients.

Program guidelines were revised during the year to provide subsidized care for pregnant women and infants between 100 and 150 percent of the federal poverty level. This was effective with the expansion of Medicaid to 100 percent of poverty in July 1988.

DIVISION OF CHILD HEALTH

Program Goals: To achieve for children optimal growth and development from birth through adolescence with special attention to those from families with inadequate income.

Program objectives

Objectives of the Child Health Program include:

- Increase the percent of in-need pediatric patients age 0-2 assessed.
- Increase the percent of in-need Medicaid pediatric patients screened from 39 percent to 50 percent.
- Increase the percent of health department pediatric patients who are properly immunized before 24 months from 50 percent to 75 percent.

Well-child program served over 70,000 children

Well-child services are targeted at children of low income in the age group 0-2 with an emphasis on at least six visits during the first year and at least three visits during the second year. During fiscal year 1988 over 70,000 non-Medicaid children were served in health department clinics throughout the state.

More patients reached through EPSDT

Local county health department nurses and staff provided more Early Periodic, Screening, Diagnosis and Treatment (EPSDT) visits in 1988 than in any previous year. The health departments reached 39 percent of EPSDT eligibles screened compared to 27 percent the previous year.

Sixty of Alabama's 67 counties exceeded the national screening average of 31 percent. Twenty-three Alabama county health departments screened 50 percent or greater. Ten counties screened more than 60 percent. Clay County ranked number one with 89 percent.

Two changes in the 1988 EPSDT Program include implementation of the Sixth Omnibus Budget Reconciliation Act (SOBRA), which covers newborn children up to one year of life, and the adoption of the American Academy of Pediatrics (AAP) recommended screening schedules. The AAP schedules which began Nov. 8, 1988, allow for children up to 2 years of age to have an increase of from four to nine screenings.

Adolescent pregnancy prevention

The Alabama Department of Public Health received an Office of Adolescent Pregnancy Prevention Grant in 1988 designed to reduce the incidence of premarital sexual activity among adolescents. The health department and Auburn University at Montgomery developed video educational programs for preteens and for parents. The themes include family values, discussion of abstinence from sexual activity, teaching decision making and communication skills and promotion of the values of self-respect and respect for others. They are available through the Bureau of Family Health Services at no cost to the community.

Newborn Hemoglobinopathies Screening Program

January of 1988 marked the beginning of statewide newborn screening for sickle cell anemia, sickle cell trait and other abnormal hemoglobins. The

In 1988 the health department increased by over 12,000 the number of children helped through the Early Periodic Screening, Diagnostic and Treatment Program. In addition, county health departments provided health care to over 70,000 non-Medicaid children ages 0-2 in the Well-child Program.

Hemoglobinopathies Advisory Council, with members from the university medical communities, medical practitioners, community-based sickle cell organizations, and individuals with family members affected with sickle cell approved a statewide plan to notify physicians of clinically significant and genetically significant hemoglobins and to facilitate these individuals receiving care and counseling in the medical community. Approximately 50 children with sickle cell disease were identified through the Newborn Screening Program. Twelve hundred individuals with sickle cell trait and 50 unusual hemoglobins were also identified, several of which required referral for further evaluation.

In October of 1988, Alabama was awarded a federal grant for its statewide Newborn Hemoglobinopathies Screening Program of approximately $204,000 for each year of the two-year project period. These funds will facilitate identification, tracking and follow-up through computerization. Grant funds will also be used for the prophylactic penicillin program and for employment of personnel to administer the program.

DIVISION OF FAMILY PLANNING

Program Goal: Pregnancy will occur under circumstances of lowest risk to the patient population within the childbearing age.

Family Planning Program goals

The major objectives of the Family Planning Program are:

- By the end of fiscal year 1991, high-risk pregnancies will be reduced by a minimum of 10 percent.
- By the end of fiscal year 1991, teenage mothers pregnant with other than their first child will be reduced by a minimum of 10 percent.
- A minimum of 44 percent of the targeted in-need population will be provided family planning services during fiscal year 1989.

Program promotes health and economic well-being of entire family

While the major purpose of the statewide Family Planning Program is to increase access to contraceptives services in an effort to reduce unintended pregnancies, a variety of personal as well as social purposes are served. Among these are the upgrading of general reproductive health; the prevention or alleviation of poverty and government dependency; and the improvement of the health and economic well-being of individual women, their children and their families.

Wide range of services provided

County health department family planning programs provided clinical health services (physical exams, cancer screening, sexually transmitted disease screening, contraceptive information, hematocrit/hemoglobin, urinalysis, pregnancy testing, hypertension screening and basic gynecologic care); counseling services for nutrition, infertility, parent/teen communication, maternal and child health and related medical problems; services for males (medical services/screening, counseling, education and condoms); special teen clinics; adolescent health education; and community education programs.

1988 Service Totals

During fiscal year 1988, the statewide Family Planning Program experienced the first appreciable decrease in patient activity since the program's initial year of operation. A total of 80,514 clients were provided medical family planning services during fiscal year 1988. These clients made a total of 141,821 clinic visits. The following services were provided:

65,225	Pap smears
70,560	Physical examinations
127,328	Hypertension screenings
94,757	Screenings for sexually transmitted diseases
54,869	Urinalysis tests
59,909	Blood tests
4,765	Sickle cell tests

Thirty-two clients were provided infertility counseling and referral. The most frequently used contraceptive methods were: oral (birth control pill), 81 percent; foam and condom, 9 percent; and sterilization, 1 percent.

DIVISION OF WIC

Program Goals: To provide supplemental foods, nutrition education, counseling and integrated health care referral and follow-up to low-income pregnant, postpartum, and breastfeeding women; infants; and children to their fifth birthday.

Program changes increase efficiency

The special Supplemental Food Program for Women, Infants, and Children (WIC) is funded by the United States Department of Agriculture.

Programmatic changes made during fiscal year 1988 helped reduce the workload at the county level. These changes included:

- Routine store monitoring for all vendors was reduced to monitoring only specific vendors as identified by the state office.

WIC is a federally funded program that provides nutritious food at no cost to needy women, infants and children. Studies have shown it to exert significant impact on the health of program participants. In 1988 the health department initiated a rebate process for infant formula through WIC that resulted in a cost drop from $1.51 a can to 34 cents a can. The savings of approximately $8 million a year will allow more people to participate in WIC.

- Redeemed food instruments now are sent directly from the vendor to Health Finance. County personnel no longer process them, which has eliminated a form, filing time and the processing time.
- The requirement to keep separate files for each vendor was changed. Only one training file is now required. Vendor specific files are established only if needed.
- The WIC Program pilot tested the Patient Registration Form and Patient Encounter Form. These forms combined WIC data forms with other Family Health Services data forms. When fully implemented, they will eliminate other programmatic data forms at the county level.
- In conjunction with the Patient Registration Form and Patient Encounter Form, new data programs were developed. These changes allow automatic updating by the computer, such as:
  - the addition of cereal and juice to the infant's food package, based on the age of the infant;
  - the change of an infant food package to a child food package, when the infant becomes 12 months old;
  - the termination of participants no longer eligible based on federal regulations.
- The numerical and alphabetical data codes have been replaced with sentence messages. This has reduced the time spent in correcting errors on the encounter forms.
- Issuing food instruments on a two-month basis has decreased patient traffic by 40 percent in some counties. By providing two month's worth of food instruments to those participants not needing monthly medical care, trips to the health department were reduced.

A formula rebate system was implemented Aug. 1, 1988. This cost containment program will generate approximately $8 million dollars for the WIC Program in fiscal year 1989.

A new policy and procedure manual was developed for county use. The manual whas the WIC specific information taken from other Family Health Services manuals and the new policies and procedures developed from the new data programs. The manual was developed as a result of county requests to have one reference source for WIC procedures.

DENTAL HEALTH SECTION

Program Goals: To improve oral health indices in Alabama and reduce the prevalence of caries, periodontal disease and oral carcinoma by providing activities in the area of oral disease detection through surveys; providing education and health promotional activities aimed at improving preventive dental health practices; and providing clinical dental services to low-income patients through county health department programs.

Section focuses on prevention

The thrust of public health dentistry has consistently been prevention to ward off dental disease prior to its inception, thereby reducing long-term costs. The Dental Health Section has actively promoted water fluoridation, school fluoride mouthrinse programs, sealant usage, school dental health education and technical assistance as feasible while striving to expand county clinical dental programs.

Fluoridation status in 1988

At the end of 1988 the Centers for Disease Control (CDC) released results of a 1985 nationwide survey ranking the percentage of each state's population receiving fluoridated water benefits. Alabama ranked number 16 among the states with 84.2 percent of the population receiving fluoridated water. This converts to 3,019,396 people on fluoridated water in Alabama.

The cities of Odenville, Ray Bay, Roanoke and Saraland began fluoridating their water systems during 1988. With the addition of Saraland, all cities in Alabama

with 10,000 or more population are now receiving this valuable health benefit, as well as many smaller cities.

The Dental Health Section provided financial assistance as the four cities listed above purchased necessary fluoridation equipment.

Fluoride Mouthrinse Program serves over 180 schools

A total of 76,039 children in non-fluoridated areas of Alabama received the benefits of a school-based fluoride mouthrinse program. While this is a reduction in previous year's figures, it is reflective of additional community water fluoridation. Water fluoridation is a more cost-effective preventive program, so decreases in mouthrinse numbers are expected in future years.

A total of 180 schools participated in the program during 1988. School nurses and other health volunteers are an integral part of this activity. They coordinate, supervise and monitor the program as children in grades K-6 rinse with the 0.2 percent sodium fluoride solution. Caries reduction is estimated at 30-35 percent.

Dental health education activities, requests increase

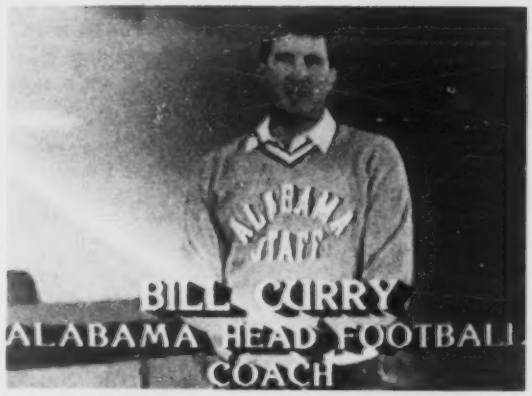
The Alabama Smile Keeper (ASK) Program was presented to 25,321 school-aged children and 998 teachers during 1988. Twelve public and private school systems requested assistance in this area as efforts were made to prevent oral disease through education. Each of these students and teachers received oral hygiene supplies, educational literature and oral hygiene instruction from Dental Health staff members and local volunteers.

An additional 862 Alabamians received educational instruction through nurses programs, PTA meetings, hospital staff in-service, police camp programs, nursing home staff development and other similar agencies.

Many more school systems requested the ASK Program during 1988, but program expansion had to be postponed until 1989 due to staff limitations. This increase in requests stems from the State Department of Education mandating health education in the public school systems. Since the ASK Program has been listed as a resource in the State Health Curriculum Guide, requests for assistance have increased. All systems will receive assistance as manpower and supplies permit.

The Dental Health Section developed its own dental health videotape in 1988. The video was used in conjunction with classroom oral hygiene instruction through the ASK Program. It proved to be a valuable adjunct and was well received throughout the state.

Over 53,040 pieces of educational literature were distributed through the programs mentioned above and through mail requests.



University of Alabama Coach Bill Curry and Auburn University team member Brian Schulman spoke out on the dangers of smokeless tobacco in public service announcements produced for television by the Dental Health Branch and the Office of Health Promotion and Information. The branch expanded the number of students reached through its smokeless tobacco education program from 9,000 in 1987 to 22,000 in 1988.

Program to address oral cancer risk from tobacco products expanded

The pilot tobacco abuse program developed in 1987 was so well received that it was expanded this year. A total of 22,776 students were reached through 221 tobacco abuse sessions.

There were numerous requests from students for a program to help them quit using tobacco products, and referrals were made to the American Cancer Society who has recently developed such a program.

Efforts were made to make the public more aware of the dangers of smokeless tobacco usage through public service announcements (PSAs) with Coach Bill Curry of the University of Alabama and all SEC punter Brian Shulman of Auburn University serving as spokespersons for the effort. Alabama Dental Association members personally delivered these PSAs to local television stations, and they have been airing since March.

Programs for radio and new television PSAs are being

planned for the upcoming year.

Clinical services provided in over 50,000 patient visits

Dental disease continues to be the most prevalent disease among Alabama school children. Recent nationwide studies have shown that the majority of the dental treatment needs occur in the low income groups.

Efforts have been made to meet as many of these treatment needs as is financially feasible. Over 51,500 patient visits were provided by county health department dental clinics in eight locations. A new dental clinic was established in Dale County after many years of planning and preparation by the Dental Health Section as part of these efforts.

The Dental Health Section has coordinated efforts to unify goals and objectives, forms, reports and records and has assisted some of the county dental programs financially when necessary to aid in the delivery of dental clinical services.

Plans are underway to determine where additional dental clinical services are needed that the section may meet those needs.

The goal of the Primary Health Care Services Branch is to provide access to health care for medically underserved and high-risk populations.

PRIMARY HEALTH CARE SERVICES SECTION

Program Goals: To develop a statewide program to deliver comprehensive primary care services by a community-based service delivery model for those residents of Alabama who lack adequate access to quality health care due to financial and/or geographic barriers.

Care goals for medically underserved, high-risk groups

The Primary Health Care Services Section focuses on providing access to quality primary health care for the medically underserved. The section assumes primary administrative responsibility for the Primary Care Cooperative Agreement, a tri-party agreement between the Alabama Department of Public Health; the Public Health Service, Health Resources and Services Administration, Bureau of Health Care Delivery Assistance; and the Alabama Primary Health Care Association.

The goals of the Primary Care Cooperative Agreement are designed to address primary care issues of importance to the respective participants in a changing health care environment. The expected outcome of the interagency effort is to improve the health status for medically underserved and high-risk populations. The goals are as follows:

- Clinical capacity building: To identify and maintain a cadre/network of primary care providers capable of responding to issues of access, quality and community needs in a changing health care environment.
- Primary care coordination/management: To ensure that federal/state resource coordination translates into appropriate, efficient and effective patient care models.
- Coalition building: To develop a community-oriented approach to the delivery of primary care services through agencies with like goals, agendas and/or interests capable of responding to the health care needs of the identified populations.
- Special populations: To integrate the needs of the special and at-risk populations (pregnant women and their infants, the elderly, the AIDS population, substance abusers and the homeless), into the established primary health care delivery systems.

Activities include occupational health project

In addition, the Primary Health Care Services Section supports public health department initiatives by supplying consultative and administrative services across program lines which include but are not limited to the Bureau of Disease Control and Rehabilitative Services and the Bureau of Environmental and Health Service Standards. The office was involved with planning and implementation of the occupational health project (Mead) as well as the delivery of primary care services at a local health department.

Environmental and Health Service Standards Services

Bureau of Environmental and Health Service Standards

DIVISION OF ENVIRONMENTAL HEALTH

GENERAL SANITATION BRANCH

INDOOR AIR QUALITY SECTION

Program Goals: To provide Alabama residents with access to a program of indoor air quality investigations into building related illness, detection of gaseous indoor air contaminates, and asbestos surveys.

Program provides protection against many contaminates

Onsite testing for such pollutants as formaldehyde, carbon monoxide, carbon dioxide, sulfur dioxide, sulfur dioxide, ozone and certain volatile organic compounds are routinely taken in both public and privately owned structures.

Asbestos surveys are conducted to inform building owners of the presence and location of asbestos containing materials. All samples of suspect materials taken in surveys or received by mail are analyzed in the agency's laboratory to confirm the presence of asbestos by Environmental Protection Agency approved methods. The section is active in providing building owners, architects and engineers with clearance inspections following the completion of asbestos abatement projects by contract personnel. Education of the public regarding the harmful effects of indoor air contaminants including asbestos and their source, prevention and control is of primary importance to the section.

Section personnel provide presentations to groups regarding indoor air topics including asbestos. Assistance is provided to educators and school superintendents on complying with federal requirements involving asbestos in school buildings.

Activities in calendar year 1988 included:

Asbestos Surveys
- 6 Buildings owned or leased by school systems.
- 38 Public or privately owned buildings.

Asbestos Clearance Surveys Following Abatement Work
- 12 Buildings owned or leased by school systems.
- 19 Public or privately owned buildings.

Indoor Air Gaseous Contaminant Investigations
- 36 Businesses and/or private homes for formaldehyde.
- 55 Investigations into other gaseous complaints.

Bulk Sample Analysis
- 197 Samples analyzed.

Training Provided
- 7 Participants provided with basic environmentalist training in indoor air quality and asbestos.
- 2 Staff members attended specialized training in Asbestos Operation and Maintenance Planning, Asbestos Abatement Supervision Course and Indoor Air Quality. One staff member attended training in Asbestos Identification by Polarized Light Microscopy at McCrone Institute in Chicago.

ONSITE SEWAGE DISPOSAL SECTION

Program Goals: To ensure proper management of onsite sewage disposal systems and to review and approve plans for sewage and water supply systems so that by the end of fiscal year 1989 Alabama residents will not experience disease or adverse health effects from substances associated with these systems.

Banner year for Onsite Sewage Disposal Section

The year 1988 was a busy and productive one for Onsite Sewage Disposal personnel. The year began with a national onsite conference in Mobile and moved forward

New onsite sewage disposal rules were adopted in 1988 to modernize and clarify the regulations that protect the public's health regarding the installation of these sewage systems. To educate installers and to improve septic tank installation and inspection services, the department piloted a voluntary certification program that offers several benefits to industry personnel and to the public.

with drafts, public hearings and adoption of new onsite rules. Education efforts concerning the new rules included a pilot site evaluation program, the development and implementation of certification programs for site evaluators and onsite sewage disposal system inspectors, and the beginning of a pilot program for voluntary certification of septic tank installers and other industry personnel. By year's end the section had reached an all-time high in numbers of health department and industry personnel trained.

National Onsite Sewage and Groundwater Conference

Over 370 onsite professionals from 35 states attended the National Environmental Health Association's Midyear Conference in Mobile on Feb. 7-9. The conference was hosted by the Alabama Environmental Health Association and was co-sponsored by the Alabama Department of Public Health. The focus of the conference was onsite sewage and groundwater protection. Two staff members along with the General Sanitation Branch and Environmental Health Division directors were program co-chairmen for the conference.

New Onsite Sewage Disposal Rules adopted

Onsite Sewage Section staff had a busy year beginning with draft rules issued in February, seven statewide public hearings in April, rule adoption by the Board of Health in July, and implementation of the new rules in August. These new rules combine and update four sets of existing rules, provide for subdivision and alternative system approval at the local health department level, provide for a site evaluation program and provide procedures for soils tests outside of the wet season by engineers.

Site Evaluation Program

Planning for a pilot program for site evaluation was requested for Public Health Area 4 in mid-1987. After program development, 90 hours of detailed site evaluation and soils training was given to Area 4 environmentalists between October 1987 and March 1988. Five environmentalists successfully completed the 16-hour classroom, lab and field test for certification in April 1988. Following the development of procedures, State Health Officer Dr. Fox approved the implementation of this program for Chambers, Clay, Cleburne and Randolph counties on Aug. 1, 1988.

Under this program, detailed site evaluation is performed by the Certified Site Evaluator in lieu of the conventional percolation test for individual, residential and small commercial conventional onsite systems. Based on the pilot program, provisions for site evaluation were included in the new onsite rules. Training was begun in the fall of 1988 for other counties in site evaluation and will continue into 1989.

Certified onsite sewage system inspectors

A certification program for onsite inspectors as recommended by Governor Hunt's Management Improvement Program Onsite Sewage Committee was developed and the first training session given in July 1988. Seven of 12 workshops were completed through December 1988 with 67 public health environmentalists successfully completing the testing for certification.

Inspection check lists were developed as a part of this program. Quality assurance evaluation by supervisors and re-certification will be a part of this program.

Soil Tester Workshops

During August 1988, staff members held workshops at 15 locations around the state. More than 468 engineers, land surveyors and soils classifiers were given training in soil testing and procedures for making applications under the new onsite rules.

Activities in calendar year 1988 included:

Onsite Sewage Disposal Systems

98	Alternative onsite sewage disposal systems approved.
136	Alternative onsite sewage disposal system plans reviewed.

School and Public Building Sanitation Program

159 Schematic, preliminary and final plans reviewed for school and public building projects to verify compliance with public health rules.

38 Schools and public building projects given final approval.

Septic Tank Manufacturers

68 Manufacturers of septic tanks with permits.

115 Septic tank models permitted.

Sewage Tank Pumpers

217 Sewage tank pumpers issued permits by local health departments.

Training Provided

805 Public health environmentalists, public health program supervisors, engineers, surveyors, soils classifiers and onsite industry personnel were provided technical training in onsite sewage disposal and soils at 53 workshops and meetings throughout the state.

Training Received

5 Staff members attended basic computer workshops and one staff member attended four advanced computer workshops. One staff member attended a basic soils survey course in Fort Worth, Texas. The section chief attended and gave the keynote address at the fall meeting of the Sump and Sewage Pump Manufacturers Association in New Orleans, Louisiana. The section chief also attended the Fourth Annual S.E. Coastal States Onsite Sewage Program Managers Conference in Kissimmee, Florida.

SOLID WASTE AND VECTOR CONTROL SECTION

Program Goals: To provide technical advice, training and consultation on the control of vectors of public health importance and in the collection and disposal of solid waste.

Poultry operations taught fly control

For several years, complaints coming to the section from residents who live near poultry operations that have major annual problems with housefly populations have continued to steadily increase in number, particularly during the spring months. It was during 1988 that the section decided that the problem stemmed from the fact that most poultry farmers are not knowledgeable of proper techniques to control flies. In order to begin correcting the situation, the section organized and presented a conference for control of fly populations in poultry operations during the month of December in Guntersville. Sixty representatives of the major poultry operations in north Alabama attended.

Avian flocks

Along with the increasing production of grains by the agriculture segment in the state has come increasing populations of avian flocks that are attracted by the change in farming practices. In some areas, such as Madison County, the birds gather in flocks of a few thousand up to millions on small land masses situated near populated areas. These locations are used annually by the birds, and after three years of such use they are considered to be positive for histoplasmosis, thus presenting a problem to the public health.

The section staff cooperated with personnel of the Madison County Health Department in December to substantially reduce the number of birds roosting at a location near downtown Huntsville. The roost site was five years old and had a population of approximately one and a half million birds.

Solid waste regulations adopted

After undergoing public comment at seven hearings held statewide in April and being adjusted accordingly, the Solid Waste Collection and Disposal Rules drafted by the section were adopted by the State Board of Health on June 15, 1988, and became effective on July 25, 1988. In April the incidence of solid waste being brought into the state from outside sources forced the section to quickly draw up draft requirements for the protection of public health in dealing with the situation. The emergency requirements for

The disposal of solid waste is becoming a growing concern in Alabama and throughout the country that must be addressed now to prevent tremendous problems in the future. The department took an important step to address this situation in 1988 with the adoption of new Solid Waste Collection and Disposal Rules designed to better protect Alabama's environment and people.

regulating solid wastes transported from sources located outside of approved territories were integrated into the rules prior to the June 15 adoption.

Under considerations given in the new rules, two semisolid waste landfarming sites for the disposal of septic tank pumpings were reviewed and permitted by the section during the latter months of the year. These sites as well as others yet to be approved will be inspected at least twice annually to check on compliance with the rules.

Activities in calendar year 1988 included:

Avian Arbovirus Study

424 Samples of blood extracted from avian flocks statewide analyzed for the encephalitides.

25 Selected locations in 21 counties served as sampling sites for the arbovirus study.

13 Samples found to be positive for one or more of the encephalitides.

Bird Complaints

4 Roosting sites selected for "time persistent harassment" where the section either participated or supplied equipment and cooperated with county and federal agencies on Environmental Impact Statements.

15 Complaints involving birds investigated by the section.

Mosquito Surveys

5 Mosquito surveys made by the section at five different city locations.

15 Mosquito complaints investigated and appropriate action was taken in each case.

5 Locations (one each in Pike, Etowah, Washington, Marshall and Montgomery counties) determined to have the "Tiger" mosquito present during routine surveys.

Flies

23 Fly complaints investigated in 10 counties and actions were taken to reduce the population in each instance.

Bats

6 Onsite visits made to structures inhabited by bats and assistance was given in ridding the sites of the problem.

Illegal Dumps

26 Complaints investigated regarding the formation of solid waste dumpsites and actions were taken where necessary.

Landfarming Permits

2 Proposed landfarming sites reviewed and a permit issued in each case.

Training Given

14 Presentations made by section personnel including the annual Pest Conference, Basic Environmentalist Training Courses, Poultry Conference and mosquito control courses in three counties.

Training Received

7 Different meetings attended by staff members including the GRCDA conference in Mobile, Alabama; 1989 course planning conference at Troy State University; and the TVA-USDA Integrated Tick Management Conference in Aurora, Kentucky.

INSPECTION BRANCH

FOOD SECTION

Program Goals: To regulate and enhance the quality of food offered to the public through inspection and training activities.

Education efforts to ensure quality standards

Food Program Evaluations were conducted in public health areas 3,4,5,6,7 and 8 during 1988. Each evaluation consisted of three inspection categories: Food Service, School Food Service and Retail Food Stores. In addition, one individual county food service survey was done. To follow up the area evaluations, the lowest 10 percent of counties by assessment score will be individually evaluated. Preliminary standardization work was done with several county environmentalists during the evaluations. An updated food-handlers' training course with new teaching aids was presented to seven of the eight public health areas. Inspection Branch personnel assisted in one food-handlers' course taught this year.

Plans for 1989 are to conduct the individual county evaluations, finish standardization of at least eleven environmentalists and assist or monitor 10 to 12 food handlers' training courses. The Inspection Branch will continue to provide technical assistance and consultative services to the area staff.

Activities in fiscal year 1988 included:

Retail Food Establishments

Food Service

8,960 Establishments permitted statewide.

53,760 Inspections conducted at these establishments as required in Food Service Rules.

6 Surveys conducted in individual public health areas.

1,738 Summer feeding inspections conducted at the sites where food was served to qualified recipients.

Retail Food Stores

2,856 Establishments permitted statewide.

17,136 Inspections conducted at these establishments as required in Retail Food Store Rules.

School Food Service

1,279 Establishments permitted statewide.

11,511 Inspections conducted at these establishments as required in Food Service Rules.

Retail Frozen Desserts

2,291 Establishments permitted statewide.

12,640 Samples collected statewide.

75 Percent compliance calculated on statewide basis.

Food Processing Establishments

335 Establishments permitted statewide.

1,340 Inspections conducted at these establishments as required in Food Processing Rules.

SEAFOOD PROGRAM

Computerization, education planned to help reach program goals

The Alabama Seafood Program is administered by the Inspection Branch. The areas of concern within this program are shellfish sanitation, crab meat sanitation and management of shellfish growing water classification. The program is managed by a combination of inspectional activities, sampling and administration. Joint work is done with the U. S. Food and Drug Administration (FDA) on both programs.

There were five talks given in the state concerning the Shellfish Program. A joint crab meat sanitation class was given to all crab meat plant operators. Speakers included both state and FDA personnel. Three orders were issued closing areas of Mobile Bay, including one for a possible "Red Tide."

Future objectives include: (1) to make use of the new computer in relation to water classification in Mobile Bay; (2) to avoid food-borne outbreaks related to seafood; (3) to attempt a more educational approach to sanitation enforcement; and (4) to update the Management Plan for Mobile Bay.

Activities in fiscal year 1988 included:

Seafood

Oysters

69 Oyster plant establishments permitted within the state.

313 Oyster plant inspections were conducted at these establishments as required in Oyster Processing Rules.

To combat increases in seafood-borne disease outbreaks, the Seafood Program plans to develop new education, computerization and growing waters management programs to augment its inspection and enforcement activities.

76 Shell stock samples collected from oyster-growing waters and oyster-shucking plants.

80 Bay water samples collected from oyster-growing waters.

Crab Meat

34 Crab meat plant establishments permitted within the state.

125 Crab meat plant inspections conducted at these plants according to Crab Meat Rules.

107 Crab meat samples collected at random from crab meat picking plants.

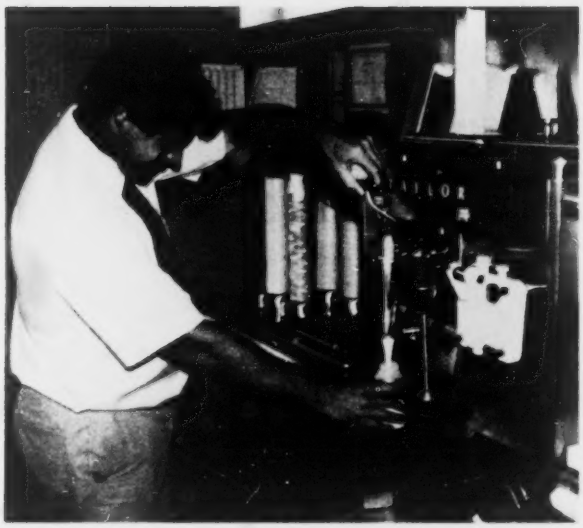
LODGING SECTION

Program Goals: To provide inspection and training activities that will reduce public health hazards in public lodging facilities.

Lodging program decentralized

The Lodging Program has been decentralized. Record keeping of jail, hotel/motel, camp and prison inspections is now the responsibility of the public health areas.

During 1988, as recommended by the Alabama Management Improvement Program (AMIP), Recommendation 33B, the Lodging Quality Assurance and Training Sessions, conducted at various locations for each public health area, were concluded in July 1988. A total of 99 public health environmentalists attended the classes.



The Inspection Branch performs thousands of food and milk inspections annually statewide to protect the public from disease outbreaks related to the standards met in producing, storing, handling and serving these products.

MILK SECTION

Program Goals: To ensure that milk processed in Alabama is safe for human consumption through various inspection programs.

Quality assurance activities include rules update

The Milk Section provides an ongoing service to the producers as well as the entire population of the state of Alabama. The continuous upgrading of Grade A and manufacturing dairy farms, milk processing plants, frozen dessert manufacturers, single-service container plants and cheese plants has aided in numerous improvements to all. The Listeria sampling/testing program established last year on processing plants will be continued during the upcoming year. Last year's results required no enforcement action. All new High Temperature Short Time (HTST) systems, HTST plate replacements, dual stem flow diversion valves, flow piping arrangements, identification of product and cleaning circuits and the lowering of Direct Microscopic Somatic Cell Counts (DMSCC) are some of the major changes that will assure a better milk quality for the state. The Alabama Milk Rules are being updated to maintain compliance with the federal Pasteurized Milk Ordinance.

Activities in fiscal year 1988 included:

Milk Production

328 Grade A dairy farms permitted under the Alabama State Milk Rules for Grade A Dairies. Plans are continually being reviewed for new dairies. Twenty-four new and/or remodeled dairy farms were permitted in 1988.

13 Manufacturing dairy farms permitted under Alabama State Milk Rules adopted July 1986 for manufacturing dairy farms.

110 Bulk milk tank truck drivers tested and permitted under state rules; of drivers tested 100 percent qualified to take milk samples from dairy farm supplies.

17 Farm equipment tests; includes testing of vacuum equipment using the Levograph and the onsite inspections of such equipment.

3 Dairy herd tests (California Mastitis Tests); includes quarter testing of individual cows in whole herds (screening test for mastitis in individual cows, bulk tank milk and other blended supplies).

1,566 Onsite inspections of Grade A dairy farms throughout the state. An average score of 94.1 was attained.

32 Onsite inspections of manufacturing dairy farms throughout the state. An average rating of 85.9 has been maintained.

4,322 Raw milk samples collected from dairy farm bulk tanks, tank trucks and plant-commingled bulk tanks.

Milk Processing

103 Milk processing plants permitted for processing of Grade A and nongraded milk products under state rules (includes ice cream plants, cheese plants, container plants and milk sheds.)

119 Pasteurization equipment tests. Includes testing of old and new equipment to meet requirements established by state rules. Also includes retesting because of changes in equipment.

215 Processing plant inspections. Includes ice cream, cheese and single-service container plants. An average inspection score of 94.6 was attained.

3,006 Processed milk samples collected from onsite plant coolers, delivery trucks, distribution stations and retail food outlets. Includes pasteurized milk, mixes, frozen desserts and empty containers.

Notices, Plans, Surveys and Other Inspections

48 Legal notices issued. Includes plants and dairies. Notices issued for violation of milk quality standards and maintenance/cleaning of equipment and sites.

78 Plans reviewed. Includes plans for new dairies and plants as well as remodeling and upgrading of existing facilities.

27 Milk sanitation surveys. Includes surveys, check ratings and audits made by FDA inspectors and state personnel authorized by the same.

73 Other inspections. Includes distribution stations, bulk milk haulers, tank trucks, abnormal milk supplies and delivery trucks.

307 Water samples from dairy facilities. Includes public and private water supplies from both dairy farms and processing plants.

TRAINING SECTION

Program Goals: To assist in the identification of training needs; assist in the organization, development and scheduling of training activities conducted by the program areas; and to assist in the implementation of the state Training Branch guidelines.

Training Section established

The Inspection Branch established the Training Section in 1988 to fulfill the program goals listed above.

One of the section's long-term objectives is to initiate the Centers for Disease Control's 3010-G, "Environmental Health Sciences" home study course, for newly employed public health environmentalists in the Basic Environmental Training Course. This course will enhance the work of the environmentalists in their prospective fields.

Activities in fiscal year 1988 included:

Mandatory Training

Complaint Response Procedure

191 Public health environmentalists trained statewide. As recommended by the Alabama Management Improvement Program (AMIP), Recommendation 33D, the Complaint Response Procedure training sessions, conducted at various locations for each public health area, were concluded on Sept. 15, 1988.

Basic Environmentalist Training Course (BETC)

7 New public health environmentalists successfully completed the two-week training of Oct. 17-21 and 24-28, 1988. The BETC provided the public health environmentalists with an overview of existing programs in environmental health. Provided environmentalists with knowledge and necessary training needed to carry out environmental mandated core services, thus making the environmentalist a successful and competent employee.

2 Public health environmentalists attended one week of the BETC.

Food Managers' Certification Course

55 Selected public health environmentalists were certified to train local personnel and Food Service Establishment Managers. As of Dec. 31, 1988, Inspection Branch personnel completed training of these selected individuals in seven of the eight public health areas in Alabama using the revised and updated "Food Manager Training Course." The remaining public health areas will be rescheduled as soon as possible.

General Training

New Employees' Orientation Program

1 Inspection Branch personnel given the New Employees' Orientation Program Manual. The orientation manual was completed and submitted to the state Training Branch in September 1988. This formal organization orientation is essential for insuring that new employees get off to the right start within a program.

Plan Review Workshop

30 Public health environmentalists and area environmental coordinators attended the Plan Review Workshop. The workshop was presented Sept. 20-22, 1988, to public health environmentalists who routinely review plans for new or extensively remodeled food service establishments and retail food stores. The workshop provided or enhanced the group with information, demonstrations and uniformity concerning the plan review checklist. This workshop was a joint effort between FDA and the state health department.

RADIOLOGICAL HEALTH BRANCH

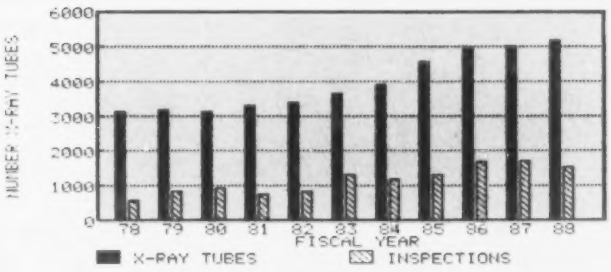
Program Goals: To reduce unnecessary exposure of individuals to ionizing radiation, thereby protecting the public health and safety.

X-ray and radioactive material use continues growth

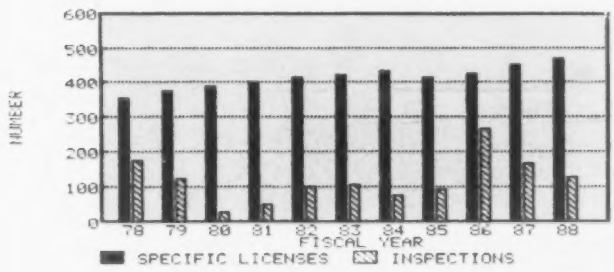
The Radiological Health Branch reviews and approves applications to use radioactive materials, particle accelerators and X-ray equipment. In addition it prepares and maintains the Alabama Radiological Emergency Response Plan.

A major activity conducted in fiscal year 1988 was to maintain the inspections of radioactive material users up to date. The U. S. Nuclear Regulatory Commission had requested the state to inspect the users of radioactive material as often as the federal government. Due to staff resignations this goal was not achieved in 1988.

RADIOLOGICAL HEALTH GRAPH 1
X-RAY PROGRAM TRENDS



RADIOLOGICAL GRAPH 2
RADIOACTIVE MATERIAL PROGRAM TRENDS



Radiological Health Graphs 1 and 2 indicate the trends for use of ionizing radiation in Alabama as well as the Department of Public Health's involvement in that use. From 1978 through 1988 there was an increase of 2,056 X-ray tubes registered with the department. This is an average of 5.9 percent per year. Radioactive material licenses increased 115 or an average of 2.9 percent per year. We anticipate that this historical growth rate will continue for the next two to five years.

Understaffing continues to create inspection delays

The branch continues to be understaffed according to the recommendations of the Radiation Advisory Committee. The result of this shortage in manpower is the continuing delay in inspecting X-ray equipment. Due to three staff resignations, the Radioactive Material Compliance Section was unable to maintain the recommended inspection schedule and the X-Ray Control Section was unable to continue to reduce the number of overdue inspections.

Activities in fiscal year 1988 included:

X-Ray Control

1,530 Inspections of 5,213 tubes located at 2,344 facilities. (As of Sept. 30, 1988, 18.4 percent of the facilities remained overdue for inspection.)

Radioactive Material Control

130 Inspections of 471 specific licenses and 450 general licenses. (As of Sept. 30, 1988, 9.8 percent were overdue for inspection.)

243 Licensing actions taken to either issue a license or amend a license in fiscal year 1988.

Emergency Planning and Environmental Monitoring

5 Emergency plan exercises conducted in 1988. The federal review of these exercises indicated that the Alabama Radiological Emergency Plan was adequate to protect the public health and safety.

Radon testing program targets potential problems

In addition to the above activity, the Radiological Health Branch continued to provide information on radon. Radon is a naturally occurring radioactive material and will be released by some soils into homes. As a result of the 1987 testing program the department recommended the voluntary testing of homes in six counties. In addition, the U. S. Environmental Protection Agency recommended the testing of all homes. In Alabama a total of 36 counties had at least one home with levels above the U. S. Environmental Protection Agency guideline value of 4 pCi/1 (picocuries/liter) when the screening test was performed. The homes that exceeded the guideline value should be retested with a longer sampling method to obtain an average value.

DIVISION OF EMERGENCY MEDICAL SERVICES

Program Goals: To facilitate improvements in the quality of prehospital care through the systematic testing, inspecting and licensing of emergency medical service providers.

Standards maintenance, improvement efforts

Following a statewide Emergency Medical Services (EMS) legislative development conference sponsored by the EMS Division, concerted efforts were put forth during 1988 to establish sufficient consensus among regional EMS systems and providers to support passage of needed legislation.

Special efforts to maintain minimum inspection and licensure standards were put forth throughout the year, in spite of vacancies among professional EMS Division staff. Replacements for three positions are being sought through normal merit system procedures. Emphasis is being devoted to the fulfillment of primary responsibilities within the regulatory program to assure that minimum standards in the training, qualification

and licensing of ambulance attendants, drivers and ambulance service operations are fully met.

Legislation update efforts continue

The present regulatory program of testing, inspecting and licensing of emergency medical service providers must be continued. Developmentally, the greatest need within the Emergency Medical Services program is updated EMS legislation and the establishment of adequate, ongoing funding for the program.

New legislation should address EMS systems rather than ambulance operations only. Air ambulances should be included in the revised law, and specific provisions should be included to permit regulation of prehospital providers of advanced life support (IV fluids and drugs) more adequately. Firmer legal basis for the development of a more effective statewide trauma care system needs to be established.

Calendar year 1988 activities included:

- Inspection and licensure of 137 ambulance services and 401 ambulance vehicles.
- Administration, grading and recording of EMT licensure examinations for 1,868 licensure candidates.
- Issuance/reissuance of 2,500 individual EMT licenses.
- Review and issuance of 208 licenses to prehospital providers of intravenous fluids and drugs.
- Review, evaluation and approval of 512 Emergency Medical Technician (EMT) continuing education programs.
- Administration of 7,500 individual EMT licensure files.
- Revocation of 644 EMT licenses for failure to maintain competency through required continuing education.
- Revocation of one ambulance service license for negligence in meeting minimum standards.
- Provision of technical assistance to six regional EMS systems and prehospital ambulance and medical rescue providers in all 67 counties.
- Implementation of an EMT-Defibrillation pilot study program in rural areas where normal advanced life support units are not available.
- Conduct of a field study in three regional systems to test a proposed uniform emergency run report.
- Conduct of a study of medical control and accountability procedures among all six regional systems.

Assuring quality care for the elderly is among the Division of Licensure and Certification's top priorities. Division activities in 1988 to accomplish this included initiating Elder Care Options, a toll-free telephone information service on nursing homes and alternative care, and adopting new rules governing the operation of nursing homes. The previous rules had not been revised in 21 years.

DIVISION OF LICENSURE AND CERTIFICATION

Division faces many changes

Nineteen hundred eighty-eight was another year of major change for the Division of Licensure and Certification. The division has spent much time and effort in fine tuning the changes caused by the reorganization of the division that took place in 1987. New developments in federal laws and in federal and licensure regulations and procedures have created a need for several additional personnel and mandated much closer surveillance and coordination of effort in the survey process.

Federal authorities have implemented a continuous increased emphasis on implementation of the new survey process called PAC (Patient Assessment and Care) for nursing homes. This increased emphasis required a higher degree of specialization of surveyors and an increase in the number of surveyors per facility. It also leads to problems in interpretation and consistent application of the rules and regulations. In addition, federal guidelines (as prescribed by Congress and federal courts) and licensure procedures (as prescribed by the state health officer and the Board of Health) are requiring more stringent accountability of health care providers, in

particular nursing homes, to provide appropriate and adequate care. Thus, there is more impetus for sanctions under licensure and the federal programs of providers that do not meet acceptable standards of care. To deal with the above problems, a more concerted effort has been required in closer supervision and broadened and improved training programs.

New fee schedule for licensing

For many years, the licensing function of the Division of Licensure and Certification has experienced the problem of underfunding. On Sept. 30, 1988, the Legislature passed and the governor signed Act 88-902 which increased the licensure fees from $100 per facility and $3 per bed to $200 per facility and $5 per bed excluding the first 10 beds. It is estimated this increase will generate about $130,000 in additional revenue in support of the licensure program.

LICENSING AND CERTIFICATION BRANCH

Program Goals: To determine the eligibility of health care providers for Medicare/Medicaid program certification; to issue licenses for the operation of health care institutions; and to promulgate regulations establishing minimum standards that ensure safe and efficient health care facilities and quality patient care.

New licensure regulations for nursing homes

On Nov. 16, 1988, the State Committee of Public Health approved new licensure regulations which have been under development and review for the last two to three years. The new regulations became effective Dec. 26, 1988; however, they must receive approval by the Legislative Reference Committee and be published in the Alabama Administrative Code before being utilized. The new regulations should be in published form for distribution by the end of March 1989. The new regulations parallel the federal nursing home regulations and spell out more specifically all the requirements. They are also oriented toward assessment of patient care; therefore, they are sorely needed in updating the old regulations which date back to the 1960s.

OBRA Act of 1987

On Dec. 22, 1987, President Reagan signed into law the Omnibus Budget Reconciliation Act of 1987. This act made a number of sweeping changes in the Medicare and Medicaid programs. One of the major changes was the requirement for training of nurse aides in nursing homes. The law requires that after Jan. 1, 1990, any nurse aide employed in a nursing home must have completed a state-approved nurse aide training program.

The Division of Licensure and Certification is charged with the responsibility of developing a mechanism to approve training programs and maintain a register of all aides certified as meeting this requirement. To meet requirements of this portion of the act, Licensure and Certification has disseminated information as widely as possible. The division has also sponsored four workshops throughout the state to qualify as many nurses as possible to perform as instructors. The workshops were conducted under contract with University of Alabama at Birmingham. Nursing homes must meet the nurse aide training requirement on surveys to be eligible as providers of services.

In addition, the OBRA Act of 1987 requires that all nursing homes in conjunction with the Department of Mental Health screen all their patients for mental illness (MI) and mental retardation (MR) diagnosis. Patients deemed to be MI/MR would be required to be placed in a setting where these services would be available.

1988 licensures and certifications

During 1988, licenses were issued and Medicare/Medicaid certifications were processed for the following categories of providers:

Providers	Licensing Number	Beds	Medicare/Medicaid Certification	Beds
Hospitals	130	21,140	132	21,548
Skilled or Combination Skilled and ICF	202	21,369	198	20,752
Non-Skilled	14	891	14	884
Intermediate Care Mental Retardation	—	—	8	1,352
Domiciliaries	146	3,188	—	—
Abortion Clinics	10	—	—	—
Ambulatory Surgical Centers	14	—	17	—
Cerebral Palsy Centers	2	99	—	—
End Stage Renal Dialysis	34	—	37	—
Home Health Agencies	—	—	118	—
Hospices	—	—	15	—
Independent Clinical Labs	99	—	81	—
Independent Physical Therapists	—	—	66	—
Maternity Homes	5	71	—	—
Portable X-Rays	—	—	1	—
Rehabilitation Centers	14	100	11	—
Rural Health Clinics	—	—	5	—
Total	670	46,858	692	44,536

Elder Care Options Service

In 1987, the Elder Care Options Service was initiated. This is a service to acquaint the public in determining the type of health care needed (domiciliary care, home health care or nursing home care) for a particular individual. A toll-free number to the Division of Licensure and Certification is one of the service's important features and allows the public to obtain information or register complaints. During 1988, the division registered the following calls:

Total Elder Care Options Service calls	1,028
Calls for information	778
Complaint calls against facilities	112
(a) Patient abuse complaints	9
(b) Nursing care complaints	82
(c) Dietary complaints	16
(d) Other type complaints	5

Domiciliary program growth continues

The domiciliary program has experienced continued growth over the past year. The number of licensed domiciliaries in calendar year 1988 increased from 142 to 146. The corresponding increase of licensed beds for the same period was from 3,029 to 3,188. Additionally, there are 45 facilities presently being constructed/renovated for participation in the program.

FIELD SERVICES BRANCH

Program Goals: To ensure quality, cost-efficient care by assessing health care providers for compliance with applicable licensure rules and federal regulations and by providing staff development training for both division and health care facility personnel.

Direct patient care assessment emphasizes in-depth surveys

In 1986 the Health Care Financing Administration initiated the PAC (Patient Assessment and Care) survey in an effort to make Medicare/Medicaid surveys responsive to identifying inappropriate and inadequate care in nursing homes and to a lesser degree in hospitals and other type care providers. Emphasis on this type Medicare/Medicaid and licensure survey continues in 1988 in order to identify poorly operated facilities and ensure, as much as possible, that residents receive quality care individualized to their particular needs.

The PAC survey has resulted in much more in-depth surveys, and as more experience is gained in its use, more instances of inappropriate care are found. These findings are used as a tool to upgrade quality of care and where indicated terminate those providers who are resistant to or are incapable of maintaining applicable standards of care.

As a consequence of this increase in depth of survey, 22 nursing homes were identified in 1988 as providing substandard care to a degree warranting the initiation of termination action.

Quality Assurance Section strengthened

As the Medicare/Medicaid and licensure survey process becomes more complex requiring more in-depth surveys and more professional staff judgment, the need for unquestioned and consistent findings becomes more important. This need was demonstrated more clearly in 1988 than in past years when two of the division's termination actions were challenged in court. To assure that conclusions are based on sound and universally applied determinations, a mechanism is needed to assure the highest degree that termination actions are based on sound and irrefutable facts. Toward this end all efforts are being made through the Quality Assurance Section which has recently acquired a nurse who will specialize in this area.

Surveyor training intensified

The Health Care Financing Administration continues to place increased emphasis on surveyor training. Each new surveyor must attend the basic surveyor training program. There were seven of these courses held at Baltimore in 1988. In addition, other surveyor specialty training programs are conducted, i.e., Intermediate Care/Mental Retardation, Long Term Care Surveyor, Life Safety Code, Laboratory Surveyor, Psychiatric Hospital Surveyor and Home Health Agency Surveyor courses. These courses are in addition to in-house and local training meetings and inservice programs held on an as-needed and monthly basis.

1988 Onsite field work

562 Licensure inspections
636 Certification surveys
425 Follow-up reviews
364 Complaint investigations

HEARING AID DEALER BOARD

Program Goals: To protect users of hearing aids by seeing that persons who select, fit, and sell hearing aids demonstrate that they are qualified before they can be licensed.

Title 34, Chapter 14, 1975 Code of Alabama establishes the legal basis for licensing hearing aid dealers and fitters. This licensure law became effective Oct. 1, 1971.

Persons who select, fit and sell hearing aids must demonstrate that they are qualified before they can be licensed. Examinations for licensure are held twice yearly in January and July. A four-year summary of hearing aid licensing activity is presented in Hearing Aid Table 1.

The hearing aid dealers licensure law provides for the establishment of a Board of Hearing Aid Dealers. Members of the board are appointed by the governor from a list of qualified persons nominated by the Alabama Hearing Aid Dealers Association. The board consists of five hearing aid dealers, one otolaryngologist and one audiologist. Currently there are two vacancies on the board. Members must be residents of the state of Alabama, have no less than three years of experience and hold a valid license as a hearing aid dealer as provided under the act.

HEARING AID DEALER BOARD TABLE 1
Hearing Aid License Activity 1985-88

Calendar Year	Regular License Issued	Temporary Permits Issued	Passed Examination	Failed Examination
1985	132	80	11	14
1986	146	112	25	5
1987	140	111	14	23
1988	108	83	20	14

Information Services

Bureau of Clinical Laboratories

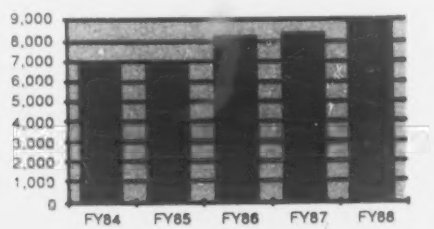
Program Goals: To provide accurate routine testing procedures for diseases of public health significance; to supply diagnostic capabilities unavailable in the private sector; to complement private laboratories with reference services for difficult procedures; to administer state and federal regulations; to institute innovative testing procedures for disease; and to increase the general competence of laboratory science.

BCL among top five laboratories in specimen volume

The Bureau of Clinical Laboratories (BCL) continues to be one of the top five public health laboratories in the nation in terms of specimen volume and experienced a 10.5 percent increase between fiscal years 1987 and 1988. The laboratory instituted several new testing procedures during fiscal year 1988, including: blood lead analysis, *Listeria monocytogenes* and *Yersinia enterocolitica* isolations from dairy products, Lyme disease testing, and statewide newborn hemoglobinopathy screening.

The laboratory specimen workload has increased by 33.8 percent from 931,245 to 1,246,288 specimens in the last three years. This increased workload was absorbed with the addition of only two people (1.49 percent increase). The laboratory accomplished this through the use of automation and the reorganization of its staff. The increase in specimen volume is a continuation of the trend the laboratory has experienced over the last five years:

SPECIMENS PROCESSED PER EMPLOYEE



The Bureau of Clinical Laboratories' ranking as one of the top five public health laboratories in the country in terms of specimen volume continued in 1988, with a 33.8 percent increase from 931,245 to 1,246,288 specimens in the last three years.

Significant increases in requests were received for the following specific procedures:

Procedure	% increase (FY 87-FY 88)	Reagent cost
Hepatitis	356	$26,875.00
HIV-EIA	125	$31,025.00
Hgb (newborn)	732	N/A
Clinical Chemistry	61	N/A
Chlamydia	71	$108,400.00

In addition, some of these procedures also had high reagent costs as noted above.

The laboratory also initiated several new projects during the year: the revision of its job classifications, the codifying of a new administrative policy and procedure manual, the establishment of a branch to assist county laboratories, and the revision of all technical manuals used in the laboratory system.

ADMINISTRATIVE SUPPORT SERVICES DIVISION

The Administrative Support Services Division took over distributing drugs for the Hypertension,

Tuberculosis, and Sexually Transmitted Diseases programs and is presently in the process of taking over the distribution of vaccines for the Immunization Program.

The Sanitary Bacteriology Section began testing dairy product plants for *Listeria monocytogenes* and *Yersinia enterocolitica* where Listeria was successfully isolated and identified from an environmental sample. At the present time Yersinia has not been isolated from any samples.

MICROBIOLOGY DIVISION

The Clinical Chemistry Branch's Blood Lead Screening Section participated in a CDC-sponsored proficiency program for Blood Lead Level (BLL) which began in July and has had 100 percent agreement to date. In addition, this branch completed a pilot project on glycosylated hemoglobin for the Diabetes Branch.

An unusual organism, *Pseudomonas pseudomallei*, causative agent of Melioidosis, was identified by the Special Bacteriology Section from the blood of a patient who originally came from southeast Asia.

MYCOBACTERIOLOGY/MYCOLOGY DIVISION

DNA Probe testing of clinical specimens for the presence of mycobacteria was evaluated during the year. The laboratory evaluated the clinical testing kits until the manufacturer suspended production of the product.

The number of specimens submitted for testing for mycobacteria was up by 5 percent this fiscal year. The number of cultures identified as Mycobacteria Other than Tuberculosis (MOTT) was up 11 percent and the number identified as *M. tuberculosis* was up 5 percent.

The Mycology Section continues to provide expanded services. Exoantigen testing for the major systemic fungi is performed on all suspected cultures. Cryptococcal antigen testing will be offered at the BCL in the coming year, thus eliminating the need to send these specimens to the CDC for testing.

SCIENTIFIC SERVICES DIVISION

The Scientific Services Division increased its efficiency by introducing an automatic petri disk dispenser which pours up to 5,000 plates per day using only one operator; designed an automatic flask rinser at each sink freeing the employee rinsing for other duties; and applied a computer-linked requisition system where ordering and maintaining media is accomplished by the Media Branch. This performance enables a more balanced week-to-week workload and minimizes emergency ordering. Future plans are to include all regional divisions in the computer ordering system.

SEROLOGY DIVISION

Statewide newborn hemoglobinopathy screening was initiated where cord blood samples from 35,167 newborns were screened for hemoglobinopathies. Twenty-four infants were found to have sickle cell anemia and 814 infants were found to have sickle cell trait.

A total of 31,655 specimens were tested for antibodies to the human immunodeficiency virus (HIV) in this fiscal year, and 535 specimens were found to be repeatedly reactive by enzyme immunoassay (EIA) and Western blot which shows a significant increase in the number of specimens tested. Also, fewer false positives were found due to improvements in the test kits.

The laboratory presented a paper titled "Seroprevalence of Antibodies to the Human Immunodeficiency Virus (HIV) in Applicants for Marriage Licenses in Alabama" at the IV International Conference on AIDS in Stockholm, Sweden.

Lyme Disease testing was initiated at the Central Laboratory.

BIRMINGHAM DIVISION

The Birmingham Division examined 275,424 specimens in fiscal year 1988. These specimens required 332,654 examinations. This represents an 8 percent increase in specimens for the year.

The Centers for Disease Control, WHO Influenza Center, designated three isolates from the Virology Branch, Birmingham Division, as A/Alabama H3N2, A/Alabama H3N2 AV7, and B/Alabama BVC.

The General Bacteriology Branch, Birmingham Division, continued to participate in the Centers for Disease Control Study GC Isolate Monitoring Project. Data from this study is being published in the *MMWR* to identify changes in antibiotic resistance of *Neisseria gonorrhoeae* and facilitate local therapeutic decisions.

DECATUR DIVISION

The Decatur Division examined 93,020 specimens in fiscal year 1988. These specimens required 115,594 examinations. This represents a 10 percent increase in specimens for the year.

The three areas of testing showing the majority of increase were: Chlamydia (89 percent), Urine Cultures (35 percent), and HIV (216 percent).

DOTHAN DIVISION

The Dothan Division performed 17,445 examinations on 13,661 specimens last year for milk and dairy products, water specimens, *Neisseria gonorrhoeae* specimens, urine cultures and chlamydia specimens.

Plans for the upcoming year call for the initiation of

BCL TABLE 1—FISCAL YEAR 1988
COMBINED LABORATORIES

	Specimens	Positive	Negative	Unsat	Exams
Serology Division					
Rubella-EIA (IgG)	20,173	17,894	2,096	183	20,539
Rubella-EIA (IgM)	103		102		206
Rh	17,079	13,237	3,765	77	30,611
ABO Typing	17,079			84	118,965
VDRL-Routine	193,479	7,839	183,160	1,458	201,443
VDRL-Premarital	28,423	348	27,715	117	29,147
VDRL-Spinal Fluid	2,360	9	2,320	31	2,360
MHA-TP	2,364	1,328	1,018	18	2,364
Hepatitis	7,767	161	7,146	8	10,019
Agar Gel	769	101	664	4	1,635
CF-Viral	1,390				5,827
CF-Fungal	726				2,944
HIV-EIA	31,655	777	30,733	45	32,364
HIV-Western Blot	791	535	234	22	791
Chlamydia	26,442	3,760	22,472	210	26,365
HI-Arbovirus	522				1,566
FTA-ABS	1,158	95	1,052	1	1,158
Toxoplasmosis	430	93	336	1	430
Legionnaires	242	6	236		242
Rickettsia	155	18	137		155
Lyme Disease	34		34		34
PKU-Guthrie	105,645	1			105,645
PKU-Chromatography	234				234
PKU-Fluorometric	1	1			1
Hypothyroid	108,002	13	107,989	10,141	140,227
Biotinidase	108,002		108,002		108,159
Hemaglobinopathies (Hgb)	49,971			164	58,048
Hgb-Newborn	35,167			677	39,185
Microbiology Division					
Enteric	3,387	1,254	2,129	23	4,658
Urine Culture-Reference	675	626	48	1	1,183
Urine Culture-Routine	26,581	3,307	22,750	450	31,307
Special Bacteriology	764	660	5	95	22,841
Food Clinical	71	39	26	4	926
Special Clinical					
Staphylococcus	1			1	0
Bordetella pertussis Culture	173	27	145	1	525
Bordetella pertussis FA	209	47	158	4	1,248
Brucella	1		1		5
Diphtheria	11		11		44
Legionella Culture	178	15	160	3	1,228
Legionella FA	3	1	2		12
Food Bacteriology	108	27	71	9	1,678
Botulinum Testing	8		7	1	708
GC Culture	282,065	15,302	258,364	8,394	315,259
Parasitology	9,701	1,108	8,553	169	9,674
Streptococcus	3,483	492	2,982	3	4,201
Filth Analysis	20	18	2		57
Rabies	2,792	84	2,633	79	2,747
Influenza Isolations	141	36	103	2	175
Clinical Chemistry	11,869				58,090
Lead	46		46		52
Hematology	1,597				5,779
Urinalysis	176				358
Sanitary Bacteriology					
Potable Water	64,007	3,978	57,265	2,764	118,547
Fluorine	1,073	3	1,070		1,073
Bay Water	122	18	104		244
Shellfish	185	36	149		925
Dairy	22,883	4,720	17,903	260	61,782
Yersinia	82		82		1,214
Listeria	82	1	81		839
TB/Mycology Division					
Microscopic Smears	23,342	794	22,277	266	23,076
Referred Cultures	822				
Total Cultures	24,164	1,480	20,453	987	128,014
DNA Probes					2,021
Mycology	4,191				46,097
Check Specimens	1,112				4,959
Totals	1,246,288	80,289	916,791	26,757	1,792,210

BCL TABLE 2—FISCAL YEAR 1988
MONTGOMERY LABORATORY

	Specimens	Positive	Negative	Unsat	Exams
Serology Division					
Rubella-EIA (IgG)	20,173	17,894	2,096	183	20,539
Rubella-EIA (IgM)	103		102		206
Rh	17,079	13,237	3,765	77	30,611
ABO Typing	17,079			84	118,965
VDRL-Routine WR	70,181	3,448	65,240	512	73,980
VDRL-Premarital	8,332	168	7,856	64	8,921
VDRL-Spinal Fluid	2,360	9	2,320	31	2,360
MHA-TP	2,364	1,328	1,018	18	2,364
Hepatitis	3,474	58	2,962	2	5,223
Agar Gel	769	101	664	4	1,635
CF-Viral	1,390				5,827
CF-Fungal	726				2,944
HIV-EIA	5,996	146	5,848	2	6,237
HIV-Western Blot	791	535	234	22	791
Chlamydia	7,975	1,296	6,612	67	7,975
HI-Arbovirus	522				1,566
FTA-ABS	1,158	95	1,052	1	1,158
Toxoplasmosis	430	93	336	1	430
Legionnaires	242	6	236		242
Rickettsia	155	18	137		155
Lyme Disease	34		34		34
PKU-Guthrie	105,645	1			105,645
PKU-Chromatography	234				234
PKU-Fluorometric	1	1			1
Hypothyroid	108,002	13	107,989	10,141	140,227
Biotinidase	108,002		108,002		108,159
Hemaglobinopathies (Hgb)	49,971			164	58,048
Hgb-Newborn	35,167			677	39,185
Microbiology Division					
Enteric	3,387	1,254	2,129	23	4,658
Urine Culture-Reference	675	626	48	1	1,183
Urine Culture-Routine	6,650	1,093	5,384	95	7,548
Special Bacteriology	764	660	5	95	22,841
Food Clinical	71	39	26	4	926
Special Clinical					
Staphylococcus	1			1	0
Bordetella pertussis Culture	173	27	145	1	525
Bordetella pertussis FA	209	47	158	4	1,248
Brucella	1		1		5
Diphtheria	11		11		44
Legionella Culture	178	15	160	3	1,228
Legionella FA	3	1	2		12
Food Bacteriology	108	27	71	9	1,678
Botulinum Testing	8		7	1	708
GC Culture	65,107	3,594	59,439	2,069	73,398
Parasitology	9,701	1,108	8,553	169	9,674
Streptococcus	3,483	492	2,982	3	4,201
Filth Analysis	20	18	2		57
Rabies	1,051	69	957	30	1,055
Influenza Isolations					
Clinical Chemistry	11,869				58,090
Lead	46		46		52
Hematology	1,597				5,779
Urinalysis	176	-			358
Sanitary Bacteriology					
Potable Water	15,004	1,189	13,108	707	28,891
Fluorine					
Bay Water					
Shellfish					
Dairy	4,759	1,114	3,590	55	13,509
Yersinia	82		82		1,214
Listeria	82	1	81		839
TB/Mycology Division					
Microscopic Smears	23,342	794	22,277	266	23,076
Referred Cultures	822				
Total Cultures	24,164	1,480	20,453	987	128,014
Mycology	4,191				46,097
DNA Probes					2,021
Check Specimens	494				2,530
Totals	746,584	52,095	456,220	16,573	1,185,121

BCL TABLE 3—FISCAL YEAR 1988
BIRMINGHAM DIVISION LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT	EXAMS
VDRL-Routine	66,375	2,362	63,495	518	68,645
VDRL-Premarital	12,544	112	12,413	19	12,637
HIV-EIA	10,177	349	9,806	22	10,504
Hepatitis	2,975	24	2,948	3	3,046
Influenza Isolations	141	36	103	2	175
Chlamydia	8,031	1,090	6,906	35	7,996
Urine Cultures-Routine	11,070	1,059	9,736	279	13,362
Sanitary-Dairy	10,364	2,125	8,046	193	26,421
Potable Water	20,850	1,011	18,893	946	40,514
Fluoride	1,073	3	1,070		1,073
Bay Water					
Shellfish					
GC Culture	130,610	6,973	119,450	4,187	145,815
Rabies	910	13	863	34	876
Check Specimens	304				1,590
TOTALS	275,424	15,157	253,729	6,238	332,654

BCL TABLE 4—FISCAL YEAR 1988
DECATUR DIVISION LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT	EXAMS
VDRL-Routine	22,843	547	22,091	164	23,326
VDRL-Premarital	4,988	27	4,953	9	5,006
HIV-EIA	6,484	86	6,287	11	6,635
Hepatitis					
Influenza Isolations					
Chlamydia	5,970	797	5,102	71	5,960
Urine Cultures-Routine	3,801	411	3,363	27	3,774
Sanitary-Dairy	2,532	316	2,207	9	8,563
Potable Water	13,183	1,266	11,521	396	25,929
Fluoride					
Bay Water					
Shellfish					
GC Culture	32,561	1,501	30,477	583	35,391
Rabies	530	3	517	10	520
Check Specimens	128				490
TOTALS	93,020	4,954	86,518	1,280	115,594

BCL TABLE 5—FISCAL YEAR 1988
DOTHAN DIVISION LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT	EXAMS
VDRL-Routine					
VDRL-Premarital					
HIV-EIA					
Hepatitis					
Influenza Isolations					
Chlamydia	625	89	531	5	625
Urine Cultures-Routine	1,829	309	1,493	27	2,366
Sanitary-Dairy	2,243	514	1,729		4,852
Potable Water	5,680	412	5,180	88	5,769
Fluoride					
Bay Water					
Shellfish					
GC Culture	3,256	325	2,822	109	3,736
Rabies					
Check Specimens	28				97
TOTALS	13,661	1,649	11,755	229	17,445

BCL TABLE 6—FISCAL YEAR 1988
MOBILE DIVISION LABORATORY

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT	EXAMS
VDRL-Routine	34,080	1,482	32,334	264	35,492
VDRL-Premarital	2,559	41	2,493	25	2,583
HIV-EIA	8,998	196	8,792	10	8,988
Hepatitis	1,318	79	1,236	3	1,750
Influenza Isolations					
Chlamydia	3,841	488	3,321	32	3,809
Urine Cultures-Routine	3,231	435	2,774	22	4,257
Sanitary-Dairy	2,985	651	2,331	3	8,437
Potable Water	9,290	100	8,563	627	17,444
Fluoride					
Bay Water	122	18	104		244
Shellfish	185	36	149		925
GC Culture	50,531	2,909	46,176	1,446	56,919
Rabies	301		296	5	296
Check Specimens	158				252
TOTALS	117,599	6,435	108,569	2,437	141,396

BCL TABLE 7—FISCAL YEAR 1988
POSITIVE RABIES IN ALABAMA

Counties	October	November	December	January	February	March	April	May	June	July	August	September	TOTAL
Autauga													
Baldwin													
Barbour				1 Raccoon			1 Bobcat	1 Raccoon	1 Raccoon			1 Bat	5
Bibb													
Blount													
Bullock							1 Skunk						1
Butler		1 Raccoon								1 Raccoon			2
Calhoun										1 Bat	1 Bat	1 Bat	3
Chambers													
Cherokee													
Chilton													
Choctaw													
Clarke													
Clay													
Cleburne													
Coffee	1 Raccoon			1 Raccoon			1 Raccoon	1 Raccoon					4
Colbert									1 Bat				1
Conecuh												1 Raccoon	1
Coosa													
Covington						2 Raccoons			1 Raccoon	1 Raccoon			4
Crenshaw													
Cullman													
Dale		2 Raccoons			1 Raccoon	1 Raccoon				1 Raccoon	1 Raccoon	1 Raccoon	7
Dallas													
DeKalb													
Elmore					2 Raccoons	1 Raccoon		1 Bat					4
Escambia													
Etowah										2 Bats	1 Bat	2 Bats	5
Fayette													
Franklin													
Geneva													
Greene													
Hale													
Henry		1 Raccoon	1 Raccoon			2 Raccoons					1 Raccoon		5
Houston			2 Raccoons		1 Raccoon	3 Raccoon	1 Bat 1 Raccoon		2 Raccoons	1 Raccoon	3 Raccoons	2 Raccoons	16
Jackson													
Jefferson									1 Bat				1
Lamar													
Lauderdale													
Lawrence						1 Dog							1
Lee	1 Raccoon 1 Bat				1 Dog	1 Raccoon	1 Fox 1 Raccoon		1 Raccoon				7
Limestone			1 skunk										1
Lowndes													
Macon				1 Raccoon	1 Raccoon								2
Madison													
Marengo													
Marion													
Marshall													
Mobile													
Monroe													
Montgomery		1 Raccoon		1 Raccoon									2
Morgan													
Perry													
Pickens													
Pike	2 Raccoons						1 Raccoon			1 Raccoon 1 fox	2 Raccoons	1 Raccoon	8
Randolph													
Russell									1 Raccoon				1
St. Clair													
Shelby						1 Bat							1
Sumter													
Talladega													
Tallapoosa													
Tuscaloosa										1 bat	1 bat		2
Walker										1 bat			1
Washington													
Wilcox													
Winston													
TOTAL	4 Raccoons 1 Bat	5 Raccoons	3 Raccoons 1 Skunk	4 Raccoons	5 Raccoons 1 Dog	10 Raccoons 1 Bat 1 Dog	4 Raccoons 1 Bat 1 Skunk 1 Fox 1 Bobcat	2 Raccoons 1 Bat	6 Raccoons 2 Bats	5 Raccoons 5 Bats 1 Fox	7 Raccoons 3 Bats	5 Raccoons 4 Bats	89

routine VDRL, rabies, HIV/EIA, and the introduction of certain clinical chemistry tests.

MOBILE DIVISION

The Mobile Division was one of 12 laboratories in the United States and Canada that were invited to participate in a collaborative study conducted by the Food and Drug Administration in Davisville, Rhode Island. The study involved testing of split oyster homogenates for the presence of *E. coli* organisms using the standard American Public Health Association procedure and a rapid fluorogenic assay. Evaluation of results has not yet been completed. The FDA has expressed some interest in conducting a collaborative study on vibrio isolation from oyster meats.

Bureau of Vital Statistics

Program Goals: To be responsible for the registration and preservation of vital event information; to serve as a public resource for the official records of these events; to observe statistical trends in the health field and to provide vital event data on a timely basis as needed for determining the health status of the people; and to expand data services and seek methods that increase the efficiency and accuracy of the services provided.

DIVISION OF REGISTRATION SERVICES

Increased automation improves efficiency

The total for vital records registered in 1988 was 2 percent lower than the 1987 total with over 160,000 records of birth, death, fetal death, marriage and divorce being tendered to the state Bureau of Vital Statistics for permanent filing. Two hundred sixty-eight warrants were issued on a quarterly basis to the 67 counties authorizing county commissions to reimburse county health departments for their registration activities throughout the year. These warrants showed a total statewide reimbursement of $73,811.25, which was slightly higher than the reimbursement for the previous year. To facilitate and coordinate registration activities at the local level, 14 local registrars and 41 deputy registrars were appointed throughout 1988.

Over 30,000 applications for current birth certificates were processed with the assistance of limited automation in this area. Fees amounting to $175,000 were collected from Alabama hospitals as mandated by statute. A total of 2,845 applications for current death certificates were processed while 2,033 delayed certificates of birth were placed on file. The acquisition of in-house data entry functions for death and fetal death certificates has made this information more readily available to the bureau. Further automation in birth registration is anticipated in the coming year.

1988 vital statistics included:

Estimated population	4,195,581
Births	59,500*; Rate 14.2*
Deaths	38,200*; Rate 9.1*
Marriages	45,100*; Rate 10.7*
Divorces	24,900*; Rate 5.9*
Adoptions	2,731
Legitimations	3,721
Infant deaths	715*; Rate 12.0*
Certified copies of vital records issued	240,604
Noncertified copies of vital records issued	7,751
Seminars	5; Participants 351
Number of records microfilmed	4,040,791

NOTE: All rates are per 1,000 population except for infant mortality which is per 1,000 live births.

* Provisional data.

DIVISION OF RECORD PRESERVATION AND CERTIFICATION

Several major projects undertaken during 1988

During the 1988 calendar year, the field services segment of the Division of Record Preservation and Certification was involved in several major projects. One of these major projects was the revision of certificates of death, fetal death, birth, marriage and divorce. This revision brought Alabama certificates more in line with the U.S. standard. Another major project was the five vital statistics seminars for county registrars, hospital medical records peronnel, coroners and funeral home directors that were conducted statewide in February and March. More than 350 people attended these five meetings which included a discussion of the newly revised birth, death, and fetal death certificates.

In 1988 the coroners agreed to begin sending in monthly reports of deaths on a voluntary basis. These reports have helped the field services personnel a great deal with the tracking of delinquent death certificates.

Training for staff members included the attendance of the two public health representatives at a vital statistics seminar for field representatives that was held in May in

Albuquerque, New Mexico.

A new clerk typist II position was added to the field program. With the addition of this new employee, several new programs have been developed and implemented.

A new personal computer program was developed that helps identify errors that occur in the registration of births and deaths. This information is being used to pinpoint problems areas and will be discussed at the 1989 seminars.

During 1988, the birth certificate was again revised. Parents of infants born on or after Jan. 1, 1989, now have the option of applying for their child's Social Security number automatically when their baby's birth certificate is completed. If "yes" is checked on the birth certificate, no additional paperwork is necessary, and parents should receive the numbers from the Social Security Administration within a few months of filling out the certificate.

More training planned

Future plans include increasing the vital statistics seminars from five to 10, implementing a computer program to check errors on birth and death certificates to pinpoint problem areas and adding a public health representative to the field staff.

Microfilm services increase by over 500,000 documents

During 1988, the microfilm segment continued to provide microfilm service for the Bureau of Vital Statistics and other health department offices. More than 4 million documents were microfilmed during the year. This total represents an increase in excess of 500,000 documents. The major user of the microfilm service was WIC, where over 3 million WIC vouchers were filmed. Also included in the 4 million documents were: 62,012 births, 38,344 deaths, 627 fetal deaths, 44,446 marriages and 23,775 divorces. The Bureau of Clinical Laboratories (BCL) was another user of the microfilm service. Almost 700,000 BCL documents were filmed.

More than 1,000 new volumes of vital records were added to the vault during the year. In addition, the division reproduced and certified 240,604 copies of vital records, processed 126,000 feet of microfilm and duplicated almost 30,000 feet of film. In 1988,the division filmed more than 205,000 Alabama Cosmetology Board records. This total represents about 50 percent of the project which is expected to be completed by mid-1989.

DIVISION OF RECORD SERVICES

Improved customer services to benefit public

Certified copies of vital records were up slightly this year by 32 copies. A total of 240,604 were issued; 178,149 were sent in response to mail requests, and 62,455 were issued at the service counter. This proves the necessity for increased staff as more and more people are seeking personal service.

Over 240,600 certified copies of vital records were issued to the public in 1988 by the Bureau of Vital Statistics, Division of Record Services. While turnaround time continued at a good rate, the division looks forward to improving customer services through additional computerization of vital records procedures.

The division still looks forward to being able to issue computer-generated copies, customer receipts and a mailer strip for the copies that are mailed. This would greatly improve service for those customers who visit the office and also those who order by mail. Turnaround time remained good this year, averaging four to six days for most requests and nine days during August and September.

DIVISION OF STATISTICAL ANALYSIS SERVICES

Induced Termination of Pregnancy Reporting completes first year

The reporting of induced terminations of pregnancy was authorized in Alabama by the Parental Consent Bill which was signed into law on June 25, 1987, by Governor Guy Hunt. This bill, which requires the reporting of induced terminations for all women under 18 years of age, delegated the responsibility of collecting and maintaining this information to the Bureau of Vital Statistics.

The lack of induced termination of pregnancy data has been a very serious missing link in the study of pregnancy trends. During 1988, approximately 1,900 induced terminations which involved women under 18 years of age occurred in Alabama. Information obtained

VITAL STATISTICS TABLE 1

ALABAMA'S LEADING CAUSES OF DEATH

1988 AND 1987

RANK	1988 NUMBER*	RATE*	CAUSE OF DEATH	RANK	1987 NUMBER	RATE
—	37,800	—	Total All Causes	—	37,681	—
1	13,030	310.6	Diseases of the Heart	1	13,093	315.6
2	8,470	201.9	Malignant Neoplasms	2	8,378	201.9
3	3,020	72.0	Cerebrovascular Diseases	3	3,000	72.3
4	2,193	52.2	Accidents	4	2,169	52.3
5	1,325	31.6	Chronic Obstructive Pulmonary Diseases & Allied Causes	5	1,281	30.9
6	937	22.3	Pneumonia & Influenza	6	953	23.0
7	810	19.3	Diseases of the Arteries	7	771	18.6
8	693	16.5	Diabetes Mellitus	8	670	16.1
9	469	11.2	Homicide	9	471	11.4
10	467	11.1	Suicide	10	450	10.8
—	6,386	—	All Other Causes	—	6,445	—

NOTE: Rate is per 100,000 population.

*Provisional data.

from Report of Induced Termination of Pregnancy forms submitted for these events promises to enhance our ability to study the occurrence of this vital event and its relationships with other possible pregnancy terminations.

Follow-through Survey of Live Births Weighing Under 1,500 grams helps improve natality data

A discharge follow-through survey of all live births weighing under 1,500 grams at birth was initiated during 1988. This survey was designed to provide information on the transfer and survival of these very low weight infants, information which will be of much value in studying Alabama's infant mortality problem.

This survey involves contacting hospital medical records personnel to obtain information on the discharge status of very low weight infants for which this status is not already known. Follow-up contacts are made for infants who were still inpatients at the time of the previous contact.

An additional benefit which is being realized through this survey is that the completeness of vital event recording and the quality of data are being improved. This survey is helping to identify instances where vital events certificates were improperly submitted, were not submitted and should have been, or had selected items indicated in error. While such errors are not numerous, the correcting of such recordings is improving the quality of natality data.

Social Security Enumeration Project

The Bureau of Vital Statistics in cooperation with the Social Security Administration initiated a project that went into effect on Jan. 1, 1989, whereby parents will have the option of requesting a Social Security Number for their child by indicating that they would like to do so on the child's birth certificate. According to Social Security Administration officials, approximately 85 percent of all parents can be expected to take advantage of this time and trouble saving means for obtaining this important number.

An added enticement for participation in this project is the fact that effective Dec. 31, 1989, the Internal Revenue Service will start demanding a Social Security number for all children at least 2 years of age before they can be included as dependents for income tax purposes.

The potential of this project to provide convenience to Alabama's citizenry and benefit to the Social Security Administration promises to make this a beneficial endeavor for thousands of people each year.

Office of Health Promotion and Information

GRAPHIC COMMUNICATION BRANCH

Program Goals: To provide commercial quality graphics, print and audiovisual materials to the health department to improve information flow and impact.

Demands for graphic services continue to increase

To meet the ever-growing demand for graphic services by central and county health department offices, the

Graphic Communication Branch invested in typesetting and graphic design equipment in 1988 that offers increased capabilities and productivity. New video cameras and film editing equipment were also purchased.

Services provided by the branch included typesetting, design, layout, photography, videotaping and the preparation of slides, slide-tapes, charts, signs, displays and videotapes.

Activities in calendar year 1988 included:

1,827 documents typeset.
10,459 pieces of artwork/illustration.
10,282 pieces of photography.
41,593,967 total number printing impressions; an increase of 24 percent over 1987.
$457,936.97 total cost of printing; an increase of 16 percent over 1987.

HEALTH EDUCATION BRANCH

Program Goals: To reduce premature death and disablement from unintentional injuries.

Adult and child restraint programs report usage increases

The Alabama Occupant and Child Restraint programs promote and educate the public about the importance of safety belts through programs designed to reach all age groups. This year the biannual observational survey conducted by the programs indicated the highest child restraint usage ever recorded in the state, up from 7.9 percent in the initial survey in 1980 to 44.5 percent in 1988. Adult seat belt usage was also up from 13 percent in the first seat belt survey conducted in 1984 to 31.7 percent in 1988.

Alabama does not have a mandatory seat belt law, but it does have a Child Restraint Law for children under age 3. Public education efforts concerning the law and the research citing the benefits of wearing safety restraints may be considered a major contributing factor in the usage increase among Alabama citizens.

The Office of Health Promotion and Information coordinates the Occupant and Child Restraint programs under the guidance of the Alabama Department of Economic and Community Affairs, Office of Highway and Traffic Safety. Following are a few of the educational and promotional activities initiated by the program in 1988 to continue to increase usage.

Occupant restraint promotion activities include corporate workshops

Two Corporate Safety Belt Program Workshops were conducted for corporate executive officers to promote methods of implementing worksite safety belt policies and comprehensive programs. Approximately 90 percent of the companies attending the workshops have implemented or have agreed to implement worksite programs, representing close to 30,000 employees across Alabama.

The Office of Health Promotion and Information works to develop health education programs that can capture the public's attention and effectively communicate health activities. In 1988 the character Bucklebear proved an excellent educational tool to teach children and parents the vital importance of buckling up. During the holiday season Santa Claus helped deliver the Bucklebear message to child care centers, schools and hospitals in 12 Alabama cities.

In cooperation with American Quality Mat, Inc. located in Tuscaloosa, Alabama, the Occupant Restraint Program has secured approximately 18 automobile dealerships to participate in a "Buckle-Up" floormat campaign. The campaign involves the placement of floormats, bearing an embroidered buckle-up logo, in new automobiles. The mats are sold to the dealerships at no extra cost for the logo. To promote participation in this campaign a press conference with Governor Guy Hunt was held in order to present the governor with a set of the "Buckle-Up" floormats and to present a representative from the Alabama Department of Public Safety with a set to be placed in the new Ford Mustang state trooper vehicles.

Bucklebear makes Child Restraint Program come alive for children

In cooperation with the Child Restraint Program the implementation of a comprehensive safety belt educational curriculum within the day-care setting was coordinated and conducted in three communities. The

curriculum utilized was "Riding with Bucklebear," which is a nationally known program that has proven to be successful in increasing child restraint usage.

There were several phases of implementation including a) workshops for participating day-care directors to discuss effective implementation of the curriculum; b) training sessions for 4-H club members participating in an activity at the day-care involving buckling up the students as the parents picked their children up in the afternoon; c) conducting pre-observational surveys; d) the actual implementation of the curriculum in the day-care center; e) visits from Bucklebear; f) the 4-H members attending the school to assist in buckling up the children during implementation week; g) post-observational surveys; h) and program evaluations completed by the day-care directors to assess the effectiveness of the program.

Consumer Product Safety Commission activities

The Health Education Branch continued to conduct work for the Consumer Product Safety Commission. Of major concern this year was proper labeling on lawn dart packages. Nine inspections were completed across the state in retail stores. Also recall effectiveness checks were conducted to make sure recalled products were appropriately removed from stores and surveillances of products requiring cautionary labeling and child-resistant packaging were performed.

Formation of Safe Kids Coalition

In 1988 the Montgomery Area Safe Kids Coalition was organized. Safe Kids is a nationwide coalition which serves to raise awareness while providing specific information and materials to prevent injuries. Its ultimate goal is to reduce the number of children killed, disabled and injured in accidents.

Carter Center Health Risk Appraisal updated

The Carter Center in cooperation with the Centers for Disease Control developed a new Health Risk Appraisal software package to replace an older version which had been used for years. Currently there are 16 organizations, colleges, agencies and businesses which have purchased the software at a cost of $125 from the department.

HEALTH PROMOTION BRANCH

Program goals: To enhance well-being by developing capabilities of target groups or individuals through organized health promotion efforts.

Disease prevention programs offered by the Health Promotion Branch have expanded and provide a variety of activities.

Surveillance services data cited for quality by CDC

In 1986 surveillance services of the Office of Health Promotion and Information were initiated with a major behavioral study of Alabamians' health risks as a part of the Behavioral Risk Factor Surveillance System (BRFSS) program. Six major telephone surveys conducted in 1988 set a record year for the Health Promotion Branch; these surveys addressed health-related issues such as the quality of health care services, diabetes, needs of the elderly and Acquired Immune Deficiency Syndrome (AIDS). The Health Promotion Branch expects to develop a survey center to accommodate the surveillance needs of various public health programs.

Briefly stated below are some 1988 indicators of success related to surveillance services.

- 1,500 telephone interviews completed in the BRFSS, as compared to 559 completed interviews in 1986 and 1,182 completed interviews in 1987.
- 98 percent successful completion rate on the BRFSS surveys; similar results were obtained on all other surveys.
- The Alabama BRFSS continuously exceeds the Centers for Disease Control's (CDC) goal and standards for quality control by a wide margin. This program has been reported as a leader in providing quality data among the 34 participating states.
- Conducted approximately 5,000 telephone interviews with Alabama residents statewide regarding health-related matters.
- Prepared, published and distributed two major reports on AIDS survey results and lifestyles of health in Alabama.

Chronic disease prevention addresses cancer, heart disease

During the second year of the CDC-funded Chronic Disease Prevention Program, Chambers and Greene counties initiated prevention activities addressing risk factors associated with cardiovascular disease and cancer. In Chambers County the program planning process began by hiring a local project coordinator through the Chambers County Health Department and by establishing a group named Tobacco-Free Chambers County. This organization has initiated smoking cessation programs, school policies to address tobacco free environments and mini health fairs targeted at respiratory conditions related to tobacco use.

The branch prepared a mini-grant which was funded ($20,000) to assist the Coalition for a Tobacco-Free Alabama in its efforts. The statewide coalition was one of approximately 38 organizations to receive a high-risk youth grant from the governor's office. The Health Promotion Branch will continue to work closely with this

organization to identify other counties such as Chambers to complement their statewide program activities. One such activity is the Smoke-Free Class of 2000 project, a campaign for a new generation of non-smokers.

Cholesterol screening and education programs

The Community Health Promotion Coalition of Greene County has been involved in the development of community-wide awareness campaigns and educational programs to address elevated cholesterol. Cholesterol screening and education programs have been conducted at a major county-wide festival, clinic and church sites in Greene County. Special efforts have been made to involve local physicians and at-risk groups (i.e., hypertensives, diabetics) in program efforts. The planning committee has developed screening guidelines and educational materials to support program activities.

As a result of a national emphasis on cholesterol awareness, the Office of Health Promotion and Information (OHPI) sponsored an intensive training program on cholesterol screening in conjunction with the National Rural Health Network of Washington, D.C., and the Alabama Rural Electric Cooperative. Twenty individuals participated representing the Community Health Promotion Coalition of Greene County, seven county health departments, Long-Term Care Division, Family Health Services, Public Health Nursing and OHPI. Trained county nurses will serve as resources for local health fairs offering cholesterol screening services.

Worksite Health Promotion Project

The annual worksite health fair featured 24 information and screening booths and increased participation to more than 280 central office employees. Two hundred employees have signed up to participate in on-going worksite health promotion activities including aerobics, walking, nutrition services, nonsmoking campaigns and Community Challenge 1989.

Information and technical assistance services

OHPI records 27,508 requests for health information filled; 56 presentations given to promote healthy living; and 3,405 bibliographical references obtained with computer searching to assist other staff in securing job related information.

INFORMATION BRANCH

Program Goals: To improve public health by providing health information through the mass media; to respond to requests from the public and health care professionals for health information; and to inform the staff and public of departmental objectives and initiatives through department publications.

Efforts increase public health issues' visibility

The Information Branch continues to see results of its efforts to work with health department offices, local and central, to provide increased visibility and understanding of public health issues through the mass media.

1988 mass media activities included the following:

- Distributed over 8,213 press releases and public service announcements to print and broadcast media throughout the state containing news on health department activities; legislative initiatives; town meetings; public hearings; health education programs; special health observances; and illness and injury prevention announcements, including those issued in conjunction with the U.S. Consumer Product Safety Commission, the National Weather Service and the Alabama Emergency Management Agency concerning product safety, weather and nuclear plant incidents.
- Arranged news conferences and talk show interviews on health news and health department programs. Corresponded with local news media coordinators to keep them informed and to encourage local promotion of health issues.
- Produced a weekly radio public service announcement segment called "Alabama Healthline" for broadcast on a 46-station network. This one-minute segment covers a wide range of health subjects and informs the public of various department services.
- Produced and placed several television public service announcements on department activities concerning communicable and chronic disease control, maternal and child health, environmental health, regulatory activities and injury prevention.

Wide range of health information materials produced

During 1988 the branch continued to develop a wide range of audiovisual and print materials that effectively communicate health issues and prevention activities to various target populations.

Audiovisual and print materials in 1988 included:

- Developing, producing, providing production and editorial assistance, and/or distributing brochures, booklets, pamphlets, newsletters, posters, displays, billboards, conference and meeting materials, and other informational materials on a variety of subjects, including AIDS, diabetes, prenatal care, breast-feeding, WIC, car safety

restraints, dental health and immunizations.

- Developed 60 public service announcements to be run on a continuous tape on county health department telephones to take advantage of "on-hold" times.
- Developed materials for department training programs.
- Continued to publish *Alabama's Health*, a monthly magazine to inform employees and the general public about health department activities and objectives.
- Continued publishing *Alabama Health Issues*, a periodical for health care professionals.
- Initiated *Alabama Health Briefings*, a monthly newsletter on health issues for government officials, health care professionals and other concerned groups.
- Continued publishing the department annual report and calendar to provide employees and the public with information on health department activities.
- Provided assistance in grant writing.
- Provided editorial assistance and production assistance in other activities.

New film library acquisition topics include AIDS, cholesterol and stress

The film library maintains over 600 films, filmstrips and video cassettes on health-related topics and distributes them free of charge to the public upon request. During 1988 approximately 6,213 film requests were received and filled, with reported viewers totalling 205,000.

Thirty-two new films and 347 videotapes were obtained on a variety of subjects including AIDS, diabetes, hypertension, cholesterol, family health, smokeless tobacco, drug abuse, stress and suicide.

Demands for audiovisual services continue to increase

The branch continued to provide audiovisual equipment and technical services for informational presentations as needed throughout the state at conferences, meetings, training sessions and other programs.

Demands continued to grow for copies of video and audio tapes and for videotaping training sessions.

Administrative Services

Office of Administrative Services

FINANCE BRANCH

Program Goals: To conduct all fiscal transactions for the state health department and for the county health departments; to assure that all expenditures are within the budget through thorough accounting records of the receipt and expenditure of allocated funds.

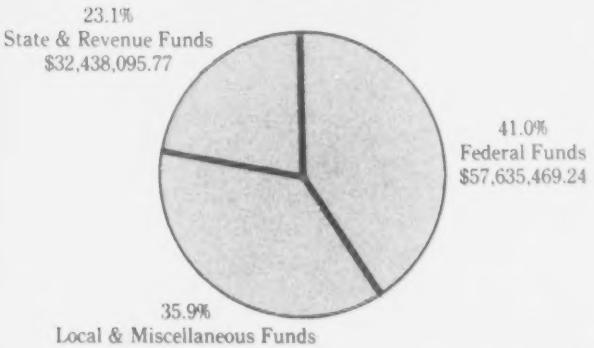
Operating statement of funds fiscal year 1988

The following tables and graphs summarize the sources and uses of funds for public health during fiscal year 1988.

In 1988 the Finance Branch established a Third Party Collections Section to explore all third party billing opportunities to help better recoup money for health department services. The section is responsible for developing systems and procedures for the charging, collection and accounting for funds provided by the implementation of local fee-for-service bills as authorized by the Legislature and approved by county boards of health. All fees collected by the county health departments will be used to supplement their budgets.

FINANCE GRAPH 1

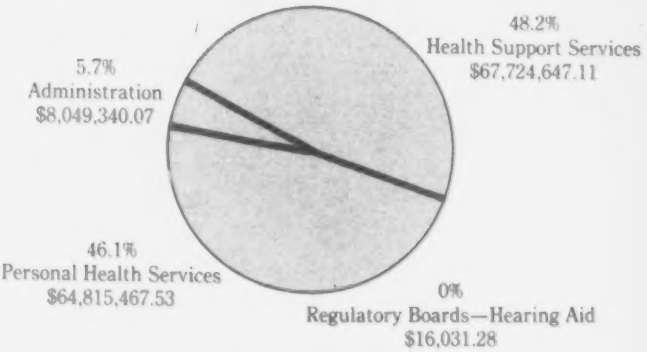
SOURCES OF FUNDS RECEIVED FISCAL YEAR 1988



GRAND TOTAL $140,605,485.99

FINANCE GRAPH 2

EXPENDITURE OF FUNDS FISCAL YEAR 1988



GRAND TOTAL $140,605,485.99

ALABAMA DEPARTMENT OF PUBLIC HEALTH
FINANCE TABLE 1
SUMMARY OF RECEIPTS, DISBURSEMENTS AND BALANCES BY SPECIAL SOURCE OF FUNDS
FISCAL YEAR ENDING SEPT. 30, 1988

Source	Balance 10-1-87	Receipts	Expended	Balance 9-30-88
STATE AND REVENUE FUNDS				
General Fund—Health	$ 517,965.80	$20,766,099.00	$20,548,532.99	$ 735,531.81
ACT 86-645 87	152,593.09	—0—	1,525,593.09	—0—
ASETF Perinatal	515,984.53	2,000,034.82	1,650,615.77	865,403.58
ASETF Health Support	348,560.14	5,279,338.00	4,864,870.87	763,027.27
Total	1,535,103.56	28,045,471.82	27,216,612.72	2,363,962.66
2¢ Cigarette Tax	1,498,163.55	3,367,587.17	3,516,572.36	1,349,178.36
Radiation Safety	65,614.29	39,990.73	81,133.37	24,471.65
Hospital Licenses	224,226.18	217,678.25	288,477.85	153,426.58
Vital Statistics Fees	226,007.10	1,166,231.22	1,287,647.15	104,591.17
Emergency Medical Services	11,622.74	49,100.97	31,621.04	29,102.67
Hearing Aid Licenses	44,135.09	23,220.00	16,031.28	51,323.81
Total	2,069,768.95	4,863,808.34	5,221,483.05	1,712,094.24
TOTAL STATE AND REVENUE FUNDS	3,604,872.51	32,909,280.16	32,438,095.77	4,076,056.90
FEDERAL FUNDS				
Family Planning	417,290.77	3,331,223.11	3,562,359.68	186,154.20
Maternal and Child Health	602,003.47	10,187,046.68	9,919,014.65	870,035.50
Preventive Health Block	72,275.86	1,360,525.00	1,165,240.28	267,560.58
WIC Food Program	506,488.15	38,392,510.89	38,668,405.80	230,593.24
Sexually Transmitted Diseases	2,646.54	565,000.00	573,758.42	(6,111.88)
AIDS	855.81	823,000.00	798,250.76	25,605.05
Immunization	4,755.41	225,000.00	221,366.72	8,388.69
Tuberculosis	2,819.51	—0—	53,608.27	(50,788.76)
Refugee	184.49	25,000.00	25,872.90	(688.41)
National Health Service Corps	(418.43)	198,000.00	195,152.57	2,429.00
Radiological Health	1,776.93	36,808.44	30,697.19	7,888.18
FDA Food Inspection	3,893.99	29,000.00	32,240.83	653.16
Vital Statistics—NCHS	(3,894.12)	13,700.00	130,585.56	2,520.32
Chronic Disease	—0—	54,500.00	50,488.14	4,011.86
Homemaker	810.99	32,000.00	31,413.99	1,397.00
Community Prevention	—0—	48,000.00	42,544.91	5,455.09
Diabetes	2,145.04	183,000.00	176,296.10	8,848.94
Central Ala. Perinatal	—0—	212,500.00	209,977.59	2,522.41
Risk Surv.	1,080.90	21,107.48	12,581.80	9,606.58
Community Education	—0—	5,000.00	—0—	5,000.00
Revolving Fund	(7,181.31)	—0—	2,476.51	(9,657.82)
Medicare/Medicaid	(542,108.44)	1,919,823.35	1,733,136.57	(355,421.66)
TOTAL FEDERAL FUNDS	$1,065,425.56	$57,786,044.95	$57,635,469.24	$1,216,001.27
LOCAL AND MISCELLANEOUS FUNDS				
Dental Contracts	$ 49,479.68	$ 8,662.45	$ 31,477.21	$ 26,664.92
OHTS Contracts	(99,768.49)	260,052.71	204,895.31	(44,611.09)
Laboratory Contracts	324,758.74	442,704.44	336,799.74	430,663.44
Indirect Cost Earned	1,112,249.80	2,887,474.84	3,902,716.67	97,007.97
Home Health Escrow	283,823.25	1,530,020.54	482,440.55	1,331,403.24
Vital Statistics	190,369.50	117,182.53	74,286.96	233,265.07
Nuclear Monitoring	45,565.13	76,125.00	104,746.66	16,943.47
Radon	(2,614.72)	7,769.54	5,154.82	—0—
OHPI Fees	—0—	8,100.00	—0—	8,100.00
Miscellaneous Reimbursement	70,909.97	183,725.59	117,488.35	137,147.21
Local Appropriations	5,524,144.66	*44,488,248.86	*45,271,914.71	4,740,478.81
TOTAL LOCAL & MISCELLANEOUS	7,498,917.52	50,010,066.50	50,531,920.98	6,977,063.04
GRAND TOTAL	$12,169,215.59	$140,705,391.61	$140,605,485.99	$12,269,121.21

*Includes $24,233,563.00 in funds collected and expended locally.

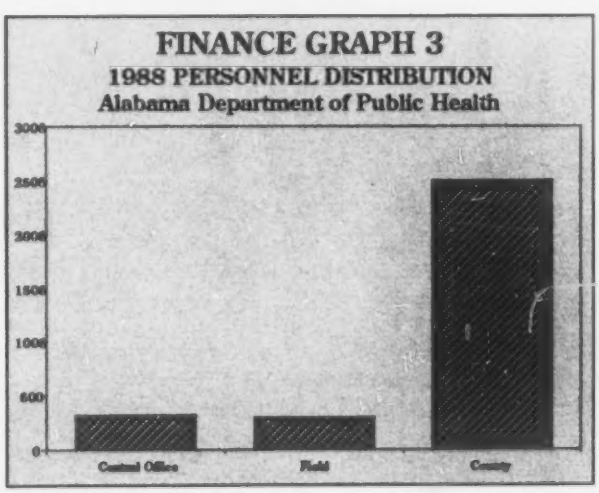
ALABAMA DEPARTMENT OF PUBLIC HEALTH
FINANCE TABLE 2
SUMMARY OF PROGRAM DISBURSEMENTS BY GENERAL SOURCE OF FUNDS
FISCAL YEAR ENDING SEPT. 30, 1988

Program	All Funds	State and Revenue Funds	Federal Funds	Local and Other Funds
ADMINISTRATIVE				
Executive	$ 695,262.88	$ 600,477.16	$ —0—	$ 94,785.72
Finance	898,035.69	898,035.69	—0—	—0—
Personnel	299,120.11	290,514.11	—0—	8,606,00
Internal Audit	94,304.52	94,304.52	—0—	—0—
Legal Services	135,493.50	135,493.50	—0—	—0—
Health Data	2,239,064.69	1,923,332.32	—0—	315,732.37
Management & Planning	297,077.49	212,355.26	60,316.35	24,405.88
Health Promotion & Information	1,004,545.06	688,322.49	63,069.94	253,152.63
General Operations	2,386,436.13	1,429,768.11	152,108.63	804,559.39
Total	8,049,340.07	6,272,603.16	275,494.92	1,501,241.99
PERSONAL HEALTH SERVICES				
Primary Care	256,589.00	—0—	195,152.57	61,436.43
Cancer Detection	393,435.50	392,378.50	1,057.00	—0—
Perinatal	1,600,934.09	1,472,670.67	128,263.42	—0—
Family Planning	5,229,472.29	1,622,592.92	3,606,879.37	—0—
Maternal & Child Health	9,789,390.78	286,889.10	9,498,935.07	3,566.61
WIC Nutrition	39,021,066.07	28,396.24	38,859,505.68	133,164.15
Hypertension	238,136.83	20,406.41	217,730.42	—0—
Diabetes	176,296.10	—0—	176,296.10	—0—
Tuberculosis	2,389,285.47	2,331,653.42	53,608.27	4,023.78
Sexually Transmitted Diseases	2,555,852.21	1,129,390.99	1,371,898.84	54,562.38
Immunization	1,285,061.02	1,063,694.30	221,366.72	—0—
Epidemiology	212,687.74	190,068.81	22,618.93	—0—
Zoonotic Disease Services	126,201.33	84,800.53	—0—	41,400.80
Dental	394,592.46	363,115.25	—0—	31,477.21
Nursing	160,897.27	138,936.51	—0—	21,960.76
Long Term Care	751,224.33	650,124.54	31,413.99	69,685.80
PHS Administration	234,345.04	231,091.07	3,253.97	—0—
Total	64,815,467.53	10,006,209.26	54,387,980.35	421,277.92
HEALTH SUPPORT SERVICES				
Clinical Laboratory	5,826,301.22	4,803,409.54	686,091.94	336,799.74
Vital Statistics	1,489,040.30	1,283,789.93	130,585.56	74,664.81
Inspection	844,101.53	811,860.70	32,240.83	—0—
Environmental Quality Assurance	8,104.36	8,104.36	—0—	—0—
General Sanitation	335,035.09	285,874.78	47,749.52	1,410.79
Asbestos Abatement	143,346.34	143,346.34	—0—	—0—
Radiological Health	650,942.26	82,315.21	30,697.19	537,929.86
Licensure & Certification	2,040,614.42	307,477.85	1,733,136.57	—0—
Emergency Medical Services	359,565.55	278,566.98	1,535.51	79,463.06
Env. & Facility Standards Admin.	214,822.97	6,474.09	—0—	208,348.88
Local Health Units	55,812,773.07	8,132,032.29	309,956.85	*47,370,783.93
Total	67,724,647.11	16,143,252.07	2,971,993.97	*48,609,401.07
REGULATORY BOARDS				
Hearing Aid	16,031.28	16,031.28	—0—	—0—
GRAND TOTAL	$140,605,485.99	$32,438,095.77	$57,635,469.24	*$50,531,920.98

*Includes $24,233,563.00 in funds collected and expended locally.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
FINANCE TABLE 3
SUMMARY OF DISBURSEMENTS BY OBJECT
FISCAL YEAR ENDING SEPT. 30, 1988

Object	Expenditures
Personnel Costs	$42,496,070.80
Employee Benefits	9,330,396.50
Travel—In-State	2,642,250.59
Travel—Out-of-State	172,016.79
Repairs and Maintenance	270,122.75
Rentals and Leases	758,096.91
Motor Pool	203,135.61
Utilities and Communication	2,159,702.44
Professional Services	3,164,175.63
Supplies and Materials	3,347,309.88
Drugs and Medical Supplies	1,842,672.68
Food—Women, Infants and Children	30,952,756.15
Indirect Cost	2,787,689.24
Employee Training	49,748.71
Transportation and Equipment Operations	50,319.73
Grants and Benefits	11,107,068.30
Capital Outlay	178,804.98
Transportation Equipment Purchases	39,043.89
Other Equipment Purchases	1,316,079.86
Non-Expenditure Disbursements	3,504,461.55
County Health Funds Collected and Expended Locally-Jefferson & Mobile	24,233,563.00
TOTAL	$140,605,485.99



Improving customer services was a top priority of the Health Data Systems Branch in 1988. As shown above the staff worked with its many clients in the health department to offer more timely, efficient service and to encourage high user involvement.

HEALTH DATA SYSTEMS BRANCH

Program Goals: To provide customers information, technology, resources and services in a timely and accurate manner, properly managed at an acceptable level of cost and satisfaction.

Changes made to improve customer services

In addition to the usual data services offered, which produced 480,320 reports and 171 million lines of print, the Health Data Systems Branch has undergone many internal changes. These changes were made to streamline the organization to offer more timely, efficient service and to encourage high user involvement.

Health Data Systems has worked to consolidate databases, tighten security, to automate internal procedures and to promote the use of encounter forms which will have a significant impact on reducing paperwork in the clinics.

The branch has also taken a large step into the world of personal computers (PCs) which complement the use of mainframes by downloading information to PCs for management purposes.

By offering extended user services through state-of-the-art and future technologies as well as other services, Health Data Systems plans to continue to make significant progress in meeting its program goals.

PERSONNEL AND STAFF DEVELOPMENT BRANCH

County and state staff number over 2,690

At the end of 1988, of the 2,697 health department employees 809 (30 percent) were state level employees and 1,888 (70 percent) were county level employees. These figures do not include Jefferson and Mobile counties since they are under separate merit systems.

Accessions totaling 1,050 consisted of 340 original probationary, 71 temporary, 14 provisional, 21 reemployment, 23 transfer and 580 unskilled appointments. There were 129 promotions for this period.

Separations numbered 587, of which there were 409 resignations, 45 transfers, 59 expirations of appointment, 31 layoffs, nine dismissals and three deaths. Thirty-four employees retired during the year.

Progressive discipline efforts

The Personnel Branch continues to provide administrative support and guidance in the principles of progressive discipline in resolving complaints and grievances involving employees. During calendar year 1988, there were a total of 104 complaints.

Through the counseling provisions of progressive discipline, 39 complaints involving employees were administratively resolved and/or corrected. Employees were provided appropriate due process in the following 65 personnel actions: resignation in lieu of termination, 21; raise deferred, 12; termination, 9; letters of reprimand, 7; transfer to other agencies in lieu of termination, 6; resigned during progressive discipline, 3; suspensions, 3; demotions, 2; retirement in lieu of termination, 1; and disability retirement in lieu of disciplinary action, 1.

Employees complaints filed include the following: discrimination, 8; Section 504, 2; EEOC, 2; charge of retaliation, 1; and smoking policy, 1.

One private lawsuit was filed, and there were eight employee complaints pending resolution at year's end.

Minority staff continues to increase

In the area of affirmative action, the work force analysis reflects 28.44 percent minorities in the department work force, including 345 minority appointments in 1988. There is a continuing improvement in the percentage of minorities in professional and clerical positions. The 12.31 percent minorities in professional positions in 1988 compared with 9.2 percent in 1982 represents a 33.8 percent increase, and the 21.93 percent minorities in clerical positions represents a 52.29 percent increase over 14.4 percent in 1982. Also, the 13.97 percent minorities in official/administrative categories represent a 203.7 percent increase over the 4.6 percent minorities in these categories since 1982. Periodic visits are made to Alabama State University, Tuskegee University, Miles College and Alabama A&M University for career day activities and/or special job interviews.

The Personnel and Staff Development Branch was responsible for overseeing the management of personnel records and procedures for over 2,690 state and county health department employees in 1988.

Training includes Performance Appraisal workshops

Eight Performance Appraisal training workshops were held throughout the state to provide supervisors the necessary skills to implement the new Performance Appraisal System in July 1988. Three hundred sixty-one supervisors received training during the year. Additional training slots will become available in 1989 to train the remainder of public health department supervisors as well as provide opportunities for newly promoted and/or hired employees to develop skills.

Several performance standards training sessions were held in area offices by Ron Goertz, director of Personnel and Staff Development, to assist supervisors in determining how to quantify the performance level of workers.

Planned for 1989 are several performance standards workshops conducted by Auburn University at Montgomery Center for Government Staff for occupational groups such as environmentalists and nurses.

Office of Capital Expansion

Program Goals: To ensure that all licensed health facilities are safe, efficient and designed to meet the needs of the people served and are in compliance with applicable standards.

Duties include monitoring regulation compliance

To accomplish program goals the office reviews first-stage and final-stage plans and makes preliminary and final construction inspections and annual surveys. The office also provides consultation services to determine the size and adequacy of all departments and to determine the bed capacity or adequacy of the facility in general.

Capital expansion monitors compliance with the conditions of participation in Medicare and Medicaid that require nursing homes, free-standing ambulatory surgery centers and non-accredited hospitals to comply with the Life Safety Code of the National Fire Protection Association. This is accomplished by annual and follow-up surveys.

The office also monitors compliances with the building regulations which the State Board of Health has established as a part of the licensing requirements for hospitals, nursing homes, end stage renal dialysis centers, rehabilitation centers, abortion clinics, ambulatory surgical treatment facilities and domiciliaries. Long-range plans are reviewed in conjunction with the first-stage plans.

County health departments undergo evaluation

Another goal of the office is to evaluate all of the county health department buildings since most of them were constructed in the 1950s and 1960s. Physical plant and equipment standards for county health departments were completed and approved by the state health officer, and surveys of county health departments began. The design and capacity of the buildings were suitable for the period when constructed, but they are deteriorating. To accomplish this, the physical plant and equipment needs of each local health department must be surveyed. A cost figure will be developed for each county health department, survey reports will be studied, cost estimates made and plans developed to secure sources of capital financing.

Other services include repairs, plan reviews

The office serves the Department of Public Health when construction, renovation or maintenance is required for the county health department buildings, the State Clinical Laboratories, and other buildings occupied by the health department.

The office provides architectural and engineering review services to the State Health Planning Agency. These services include reviewing plans, making inspections for federally funded projects and reviewing schematic plans submitted with certificates of need applications.

PROJECTS WITH PLANNING INITIATED IN 1988

	Projects	New Beds	Replacement Beds	ESRD Station
Hospitals	63		206	
Nursing Homes	13	109	104	
End Stage Renal Disease Centers	9			67
Domiciliaries/ Institutional	15	586		
Domiciliaries/ Small Group	21	187	12	
Ambulatory Surgical Centers	10			
Rehabilitation Centers	9			
Abortion Center	1			

INSPECTIONS MADE DURING 1988

Life Safety Code Inspections	288
Follow-up Inspections	255
Construction Inspections	87
Public Health Center Inspections	46

Office of Internal Audit

Program Goals: To safeguard against the loss of time, money and quality in the administration of department programs by reviewing and appraising the effectiveness and application of various accounting, financial and other operating controls and making recommendations for operating improvements in these areas.

Activities of Internal Audit in 1988 included:

- 10 audits in 2 counties.
- 240 contract reviews.
- Participating in the development and implementation of a statewide fee system.
- Monitoring monthly reports of activities in local funds held in county health departments.

- Assisting examiners from the Department of Examiners of Public Accounts with audit of the Department of Public Health by obtaining information and data as requested.
- Assisting consultants working on Medicare Home Health Cost Report by coordinating collection of cost data including monitoring questionnaires sent to all county health departments to collect costs which did not flow through central office Finance Branch.
- Assisting auditors from Prudential Insurance Company with audit of revised Medicare Home Health Cost reports for three fiscal years submitted by consultants by obtaining and coordinating information and data as requested.
- Responding to questions from county personnel involving accounting matters by researching, explaining and interpreting statutory and departmental regulations.
- Developing formal employee training and orientation manual.

Staffing needs addressed

The Office of Internal Audit was without a director for one year (four months during the 1987-88 fiscal year). For several months, the office was staffed by only one employee, a secretary.

Plans for fiscal year 1988-89 include increasing staff to a total of eight people. Auditors will be assigned to auditing districts in the area of their county of residence in order to decrease the necessity of overnight travel.

Office of Management Services

GRANTS REVIEW PROGRAM

Program Goals: To identify grant possibilities and communicate them to appropriate staff, coordinating all aspects of the grant preparation process to ensure timely submission of competitive proposals.

Grant financial cycle established

The Office of Management Services developed a mechanism to identify potential grant funds, to develop grant-winning proposals, and to review grant applications. The Grants Review Officer established a basic library of funding sources, both public and private, and began to inform program managers about available grant programs. She also notified them on an ongoing basis of specific grant announcements from the *Federal Register*, as well as from other funding sources, requesting feedback as to whether each funding opportunity would be pursued.

In cooperation with the Office of Administrative Services, a complete grant financial cycle was established with the Grants Review Officer being involved in all pre- and post-award reviews. Additionally in 1988, the Grants Review Officer investigated the establishment of an Institutional Review Board and will coordinate its development in 1989.

PLANNING AND EVALUATION BRANCH

Program Goals: To design and implement realistic plans for improving the public's health.

Strategic plans developed

The Office of Management Services is responsible for the development and implementation of a program planning methodology for the department. The methodology chosen for this purpose is designed to provide a specific direction for the department in addressing public health issues during a three-to-five year span. The main objectives for this strategic planning methodology are: (1) to develop plans that will utilize current technologies to obtain the most effective use of available resources, (2) that the methodology be applied uniformly by all operating divisions in the department, and (3) that specific objectives and planned activities be identified for state, area and local operating units.

The Planning and Evaluation Branch coordinated the development of Strategic Plans for five areas of public health concern: Infant Mortality, Oral Health, Onsite Sewage Disposal, Food Service Inspections and Tuberculosis. The plans were written by committees comprised of employees from the state, area and local health departments and other individuals outside the department with interests or expertise in the subject areas. Each plan contains graphs of critical objectives and a complete table of implementation data. Implementation data identifies the responsible work unit, unit of measurement, number planned, number in need and source of data. County Implementation Plans are being produced to identify county specific objectives and planned activities needed to achieve the overall goal of the Strategic Plans.

An additional 10 public health areas of concern will be

The Office of Management Services implemented strategic planning as a program management tool in 1988 to help increase health department efficiency and improve services. Strategic planning has been cited by the nation's leading business consultants as one of the top management methodologies in use today.

addressed through the strategic planning model during 1989. These areas are: AIDS, Cancer, High Blood Pressure, Child Health/Ambulatory Treatment, Geriatric/Ambulatory Treatment, Unintentional Injury, HMO Quality Review, Adolescent Pregnancy, Sexually Transmitted Disease, and Alcohol and Tobacco Abuse.

POLICY ANALYSIS BRANCH

Program Goals: To provide in-depth analysis of proposed and existing policies and to provide reliable information to guide decisions on health services.

Clinic visits monitor service delivery

Day-long visits by state-level staff were scheduled and coordinated for every clinic site in the state during May and June. The purpose of these visits was to observe activity levels as related to the integrated core services model of service delivery in actual clinical settings. Observations were analyzed and shared with appropriate state, area and local-level staff to support the State Health Department's ongoing commitment to provide quality health services in the most efficient manner possible.

Unified Medical Record revision

A committee was established in conjunction with the Public Health Nursing Section to revise the Unified Medical Record (UMR). The committee includes staff from local and central level offices. The objective in revising the UMR is to streamline clinic record information and facilitate daily delivery of all personal health core services in local clinic service sites. The committee worked diligently toward this goal and developed a revised UMR which was piloted for three months in 10 local health clinics.

The results of the pilot study are being analyzed to determine appropriate modifications in the revised record. After these modifications are completed, a training program on using the revised UMR will be provided followed by its implementation statewide.

MANAGEMENT ASSISTANCE BRANCH

Program Goal: To work with department staff in identifying methods to improve management of operations.

Record retention schedule study

Retention of records poses a major problem for many local health departments because of inadequate storage. Retention schedules for the respective record categories can aid in alleviating this problem. Working in conjunction with the Alabama Department of Archives and History, a study is being conducted on records used in local offices to establish a schedule which allows for inactivating records in accordance with established time frames. Several schedules should be finalized during the next few months in addition to recommendations on handling inactive records.

Development of management assistance services

Management assistance is a function being developed in the Office of Management Services to assist local health departments in identifying methods to resolve operational problems and improve performance. This role will be performed in conjunction with area level staffs and consists of coordinating personnel and other resources in the department to work onsite with staff in conducting management reviews of selected local health departments. Special attention will be devoted to local clerical operations and developing methods to ensure that staff receive proper orientation and training to fulfill their responsibilities. A manual is being developed which will specifically address local clerical responsibilities and how they should be performed. A clerical staffing guide is a high priority during the coming year to determine the clerical support needed in local service settings.

Office of General Counsel

Program Goals: To provide the highest level of legal expertise to benefit the public health, to provide sound legal information for decision-making and to protect the various entities of public health.

Litigation handled in 1988

The principal mission of the Office of General Counsel is to provide swift and efficient in-house legal counseling to the state health officer, the State Board of Health, the State Health Department, the various county boards of health and the county health departments. This involves general legal counseling to avoid litigation or to achieve compliance with various departmental regulations. In this capacity, the General Counsel reviews and drafts contracts and leases, regulations and statutes affecting public health.

When litigation is necessary, the General Counsel represents department personnel as defender or prosecutor.

In 1988, in response to the governor's Management Improvement Study, the Legal Branch was upgraded to office level, being named Office of General Counsel.

In 1988, the Office of General Counsel prosecuted and defended approximately 25 lawsuits, dealing with various areas of the health department program. Of particular interest was the announcement of an action in the Circuit Court of Jefferson County to close a nursing home. This action continued into 1989.

Attorneys in the Office of General Counsel appeared in several circuit courts in the state and in three federal district courts within the state.

Expansion sought to meet service demands

The Office of General Counsel initiated procedures to increase staff in 1988 to increase ability to meet program goals and especially to respond in a more expeditious manner.

Public Health Nursing Section

Program Goals: To ensure ongoing educational opportunities for public health nurses in an effort to increase their knowledge base, thereby facilitating more effective involvement by the nurse in the clinical area as well as in the home, school or other public health setting.

To provide competitive recruitment and retention incentives for quality nursing personnel, the Public Health Nursing Section revised the state nursing classification series and increased in-hire rates.

Classification revised to aid nurse recruitment, retention

Because of problems encountered in recruitment and retention of public health nurses, the Public Health Nursing Section revised the nursing classification series (Nurse I-Nurse VII). A committee consisting of area nursing directors and central office staff worked for several months in evaluation of the skills and abilities needed in order to perform needed activities in current program areas.

On Oct. 18, 1988, the State Personnel Board approved revisions submitted for these classifications.

In-hire rate for nurses increased

As a result of difficulties in the recruitment of nurses in a competitive fashion, the Public Health Nursing Section submitted a request to the State Personnel Board to increase the in-hire rate for nurses being hired into the Nurse I-IV positions. The State Personnel Board granted approval of this request in October.

Staffing model developed

In 1988, the Public Health Nursing Section implemented a staffing criteria system in which each

county's programs were evaluated according to visits made and then relative weight intervals (RWI) were given according to the number of these visits. Based on this information, a staffing model for current and needed clinic nurses and clinic aides was obtained for each county. This staffing model has been used in the budgeting process for each county.

Mead occupational health program implemented

One of the most unique and innovative occupational health programs ever initiated by the Alabama Department of Public Health is being conducted at the Mead Corporation's Cottonton paper plant. This project is the result of a collaborative agreement between the public and private sector and has facilitated industrial development in a rural area of Russell County by providing occupational health services for construction workers involved in the expansion of the plant.

The Public Health Nursing Section in conjunction with the Primary Health Care Section have been the units assigned to administratively handle this project. This involvement has included recruitment of professional and non-professional staff to man the health facility and assisting the facility in the everyday administrative tasks necessary to operate smoothly. As of Jan. 12, 1989, 1,290 physical exams have been conducted and 1,381 first aid cases have been treated.

Records revision to increase service efficiency

The nursing staff with the Public Health Nursing Section have worked closely with the Office of Management Services in completing the revised unified medical records. These records are currently being piloted and follow-up will continue within the pilot counties by the staff of both offices to ensure proper utilization of the records before the final records are put into operation statewide.

HIV antibody screening policies provided

In cooperation with the Bureau of Disease Control the "Policies for HIV Antibody Screening" for the Alabama Department of Public Health were distributed on Feb. 11, 1988.

Nursing personnel status as of Dec. 31, 1988

638 Registered Nurses
54 Nurse Practitioners
692* Total

*This figure reflects nursing personnel also employed in Mobile and Jefferson Counties.

Educational preparation of nursing personnel in 1987 as compared with 1988

	1987	1988
Diploma/Associate Degree	359	497
Baccalaureate Degree	165	161
Master's Degree	26	34

These figures reflect educational preparation of nurses also employed in Mobile and Jefferson counties.

Personnel activities involving public health nurses statewide

Promotions: 43

Nurse I to Nurse II 12
Nurse II to Nurse III 20
Nurse III to Nurse IV 9
Nurse IV to Nurse V 1
Nurse IV to Nurse VI 1

Demotions (voluntary) 1
Resignations 67
Retirements 5
Layoffs 2
Deaths 1
Transfers within department 23

Total Employed: 97

Nurse I 43
Nurse II 42
Nurse III 3
Nurse IV 4
Nurse V 1
Nurse VI 1
Nurse Practitioner 2
Licensure and Certification Nurse 1

Employment of new nurses

The Public Health Nursing Section continues to be involved in the recruitment of nurses statewide by reviewing approximately 50 percent of the applications for employment and recommending appropriate classification to Health Personnel. The section has also been involved in meeting critical needs for nurses at the county level by implementing and administering an emergency approval system of applications which meet the emergency criteria.

Malpractice Insurance Program

The Public Health Nursing Section continues to

administer the Maginnis Insurance Program which provides malpractice insurance for public health nurses statewide. This insurance coverage is provided to the nurses as a fringe benefit.

1988 educational offerings

Summarized below are the three series of public health nursing staff development programs held at 15 sites statewide.

Winter (November 1987-February 1988)

Topic: Pre-and Post-Counseling HIV Antibody Testing
Total attendance: 337 public health nurses.

Spring (May-June 1988)

Topic: Pediatric Long Term Care
Total attendance: 236 public health nurses

Fall (September—October 1988)

Topic: Substance Abuse
Total attendance: 262 public health nurses

Public health nursing supervisors' workshop

Dr. Marla Salmon, Chairman of the Curriculum in Public Health Nursing at the University of North Carolina at Chapel Hill, provided a leadership workshop at the 1988 PHN Supervisors' Workshop. She spent time discussing the role of public health nursing supervisors in the management of the health department programs and the strengths of women in leadership.

County Health Department Services

Each county health department offers the following integrated core services on a daily basis to provide more efficient, convenient services to the public.

Personal Health Services

- Low-risk prenatal care
- Child health care
- WIC (Special Supplemental Food Program for Women, Infants and Children)
- Family planning
- Immunization
- Cancer detection
- Tuberculosis detection and treatment
- Sexually transmitted disease detection and treatment
- Hypertension screening and follow-up

At the area level, efforts are made to identify and provide the following services as needed:

- Prenatal complication clinic for high-risk prenatal care
- Hospital delivery resources
- Primary care referral resources
- Referral resources for problem patients
- Colposcopy clinic
- PKU/hypothyroid follow-up
- Tubal ligation resources
- Tuberculosis clinic
- Hypertension management clinics (routine and complications)
- Hospitalization for tuberculosis
- Alternate testing sites for AIDS and SIDS follow-up

Environmental Health Services

- Perform required activities regarding sampling, inspection, and enforcement for:
  - Food service establishments
  - Retail food stores
  - Vending commissaries and machines
  - Food processors
  - Prisons and jails
  - Hotels and motels
  - Resident and day camps
- Assist in the investigation of food-borne and waterborne outbreaks.
- Sample public water supplies for fluoride.
- Permit solid waste management activities to:
  - Issue certificates of exception for household solid waste.
  - Issue permits for collection vehicles.
  - Abate public health nuisances.
  - Review solid waste disposal site plans.
  - Review solid waste collection plans.
- Abate nuisances caused by vectors of public health importance including:
  - Problem bird roost harassment and/or oradication
  - Mosquitoes, rats, bats, ticks, and fleas
- Review and approve all new onsite sewage disposal systems in compliance with rules; observe and evaluate soils tests as needed.
- Issue permits for repairs of failing onsite systems; evaluate reasons for failures.
- Review subdivision reports and take appropriate actions (recommendations/approvals).
- Investigate and document complaints; abate unsanitary conditions.
- Inspect septic tank manufacturers and permit sewage tank pumpers.
- Conduct rabies control activities.
- Evaluate proposals for new cemeteries.

COUNTY HEALTH DEPARTMENT ACTIVITIES

1988

	VITAL STATISTICS	IMMUNIZATION	CHILD HEALTH CLINICS	WIC	HEALTH EDUCATION	SCHOOL HEALTH	DENTAL CARE	DENTAL HEALTH EDUCATION	FLUORIDE MOUTH RINSE	MATERNITY MEDICAL CARE	MATERNITY NURSING CARE	FAMILY PLANNING	TUBERCULOSIS	SEXUALLY TRANSMITTED DISEASE	HYPERTENSION TREATMENT	HYPERTENSION SCREENING	CANCER DETECTION	HOME HEALTH CARE	FOOD AND WATER INSPECTION	SOLID WASTE ENFORCEMENT	VECTOR CONTROL	SEWAGE DISPOSAL INSPECTION	SUBDIVISION REVIEW	SWIMMING POOL INSPECTION	HOTEL, MOTEL, PRISON, AND JAIL INSPECTION	SEPTIC TANK MANUFACTURERS SEWAGE TANK PUMPERS INSPECTION	RABIES CONTROL	CHILD CARE FACILITY INSPECTION	FROZEN DESSERT SAMPLING	SCHOOL INSPECTION
PUBLIC HEALTH AREA I																													
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																													
COLBERT	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X		X
FRANKLIN	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X		X
LAUDERDALE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X		X	X	X		X
TRI-COUNTY DISTRICT HEALTH SERVICES																													
CULLMAN	X	X	X	X	X						X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X
LAWRENCE	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
LIMESTONE	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
MORGAN	X	X	X	X		X					X	X	X	X			X	X	X	X	X	X	X	X	X	X	X		X
JACKSON	X	X	X	X	X			X		X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X
MADISON	X	X	X	X	X	X		X	X		X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X
MARION	X	X	X	X	X	X				X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X
MARSHALL	X	X	X	X	X						X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X
WINSTON	X	X	X	X							X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA II																													
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																													
BIBB	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GREENE	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
LAMAR		X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X	X
PICKENS	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TUSCALOOSA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FAYETTE	X	X	X	X	X	X					X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA III																													
BLOUNT	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
CHILTON	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
ST. CLAIR	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SHELBY	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WALKER	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X		X
PUBLIC HEALTH AREA IV																													
CALHOUN	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
CHAMBERS	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHEROKEE	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
CLAY	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
CLEBURNE	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X	X	X
COOSA	X	X	X	X	X				X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
DEKALB	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ETOWAH	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
RANDOLPH	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
TALLADEGA	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TALLAPOOSA	X	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
PUBLIC HEALTH AREA V																													
AUTAUGA	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BARBOUR	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BULLOCK	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BUTLER	X	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
COFFEE	X	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
COVINGTON	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
CRENSHAW	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X		X	X		X	X	X	X	X
DALE	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
ELMORE	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GENEVA	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HENRY	X	X	X	X		X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
HOUSTON		X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
LEE	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
LOWNDES	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
MACON	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MONTGOMERY	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PIKE	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RUSSELL	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA VI																													
GULF COAST DISTRICT HEALTH DEPARTMENT																													
BALDWIN	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CONECUH	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ESCAMBIA	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHOCTAW	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLARKE	X	X	X	X	X				X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DALLAS	X	X	X	X		X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HALE	X	X	X	X	X	X		X	X			X	X	X	X	X	X	X	X	X	X	X	X		X		X	X	X
MARENGO	X	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
MONROE	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PERRY	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SUMTER	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
WASHINGTON	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
WILCOX	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
PUBLIC HEALTH AREA VII																													
MOBILE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA VIII																													
JEFFERSON	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

	FOOD MANAGER TRAINING	RETAIL FOOD STORE INSPECTION	COMPLAINT INVESTIGATION	FOOD SERVICE PLAN REVIEW	EPIDEMIOLOGY SURVEILLANCE	FLUORIDE WATER SAMPLING	CEMETERY PROPOSAL EVALUATION	PLUMBING INSPECTION	CAMP INSPECTION	FOODHANDLERS' PERMITS	CARBON MONOXIDE TESTING	EMERGENCY RESPONSE	REFUGEE SCREENING	CHILD HEALTH CARE/ PRIMARY CARE	ADULT MEDICAL CARE/ PRIMARY CARE	ADOLESCENT PREGNANCY PREVENTION PROJECT	INFANT CAR SEAT LOANER PROGRAM	INFANT AND TODDLER RESTRAINT	EYE CLINIC	DIABETIC SCREENING	AUDIO TESTING	PHARMACY SERVICE	SUDDEN INFANT DEATH SYNDROME	EPSDT SCREENING	MEDICAID WAIVER	AIDS TEST/COUN.	AIDS CONTROL	CHRONIC DISEASE	NUTRITION COUNSEL.	DAIRY FARM INSPECTION MILK/FOOD PROCESSING PLANT INSPECTION
PUBLIC HEALTH AREA I																														
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																														
COLBERT		X		X		X						X		X		X	X	X			X		X						
FRANKLIN		X		X		X						X		X		X	X	X			X		X						
LAUDERDALE		X		X		X						X		X		X	X	X			X		X						
TRI-COUNTY DISTRICT HEALTH SERVICES																														
CULLMAN	X	X	X	X	X	X	X		X	X								X					X						
LAWRENCE	X	X	X	X	X	X	X		X	X		X											X						
LIMESTONE		X	X	X	X	X	X		X	X		X		X								X	X						
MORGAN	X	X	X	X	X	X	X		X	X		X											X						
JACKSON	X	X	X	X	X	X	X		X	X		X				X	X	X			X								
MADISON	X	X	X	X	X	X	X	X	X	X	X	X	X		X						X	X								
MARION	X	X	X	X	X	X	X		X	X		X					X					X	X							
MARSHALL	X	X	X	X	X		X		X					X			X	X				X	X						
WINSTON		X	X	X	X	X			X								X	X												
PUBLIC HEALTH AREA II																														
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																														
BIBB	X	X	X	X	X	X	X		X													X							
GREENE	X	X	X		X		X		X	X				X								X							
LAMAR	X	X	X	X		X	X							X		X						X							
PICKENS	X	X	X	X	X	X	X		X													X							
TUSCALOOSA	X	X	X	X	X	X	X		X					X	X	X	X				X	X		X						
FAYETTE	X	X	X	X	X	X	X		X					X								X								
PUBLIC HEALTH AREA III																														
BLOUNT	X	X	X	X	X	X	X										X					X		X						
CHILTON	X	X	X	X	X		X		X	X		X				X	X					X								
ST. CLAIR	X	X	X	X	X	X	X		X					X	X	X	X	X				X		X						
SHELBY	X	X	X	X		X	X		X		X	X					X			X		X		X						
WALKER		X	X	X	X	X								X	X		X	X				X	X	X						
PUBLIC HEALTH AREA IV																														
CALHOUN	X	X	X	X	X	X	X		X			X	X				X	X				X		X						
CHAMBERS	X	X	X	X	X	X	X	X	X	X				X			X	X				X		X						
CHEROKEE	X	X	X	X	X	X	X	X	X		X			X	X							X		X						
CLAY	X	X	X	X	X	X	X		X					X											X						
CLEBURNE	X	X	X	X	X	X			X			X		X	X		X	X		X	X	X		X						
COOSA	X	X	X	X	X	X	X	X	X			X	X				X	X		X	X	X		X						
DEKALB	X	X	X	X	X	X	X	X	X	X	X		X									X		X						
ETOWAH	X	X	X	X	X	X	X		X			X	X	X	X		X	X	X			X		X						
RANDOLPH	X	X	X	X	X	X	X		X					X								X								
TALLADEGA	X	X	X	X	X	X	X		X					X																
TALLAPOOSA	X	X	X	X	X	X	X		X			X	X				X	X				X		X						
PUBLIC HEALTH AREA V																														
AUTAUGA	X	X	X	X	X	X	X		X			X		X	X									X						
BARBOUR	X	X	X	X		X	X		X					X	X				X	X	X			X		X				
BULLOCK	X	X	X	X	X	X	X	X		X		X		X						X	X			X						
BUTLER	X	X	X	X	X		X		X					X	X		X	X		X										
COFFEE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X			X						
COVINGTON	X	X	X	X	X	X	X		X			X																		
CRENSHAW	X	X	X	X	X	X	X		X			X		X	X							X		X						
DALE	X	X	X	X	X	X	X						X				X	X		X	X			X						
ELMORE	X	X	X	X	X	X	X		X			X		X	X									X						
GENEVA	X	X	X	X	X	X	X	X	X			X		X	X	X	X	X	X	X	X			X						
HENRY	X	X	X	X	X	X	X		X					X	X	X		X			X			X						
HOUSTON		X	X	X	X		X		X			X										X								
LEE	X	X	X	X	X	X	X		X				X	X	X							X								
LOWNDES	X	X	X	X	X		X		X					X	X															
MACON	X	X	X	X	X	X	X	X	X	X	X	X			X						X									
MONTGOMERY	X	X	X	X	X	X	X		X	X			X	X	X							X		X						
PIKE		X	X	X	X	X	X		X			X		X	X						X	X		X						
RUSSELL	X	X	X	X	X	X	X			X	X											X			X		X			
PUBLIC HEALTH AREA VI																														
GULF COAST DISTRICT HEALTH DEPARTMENT																														
BALDWIN		X	X	X			X		X			X		X			X				X	X		X						
CONECUH		X	X	X	X	X	X					X												X						
ESCAMBIA		X	X	X	X	X	X					X		X							X	X		X						
CHOCTAW	X	X	X	X	X	X	X		X					X	X							X		X						
CLARKE	X	X	X	X	X	X	X		X			X										X		X						
DALLAS	X	X	X	X	X	X	X		X			X	X	X	X							X		X						
HALE	X	X	X	X	X	X	X					X		X	X	X	X	X				X		X						
MARENGO	X	X	X	X	X		X					X										X		X						
MONROE	X	X	X	X		X	X		X			X		X	X	X	X	X			X	X		X						
PERRY	X	X	X	X	X		X							X	X							X		X						
SUMTER	X	X	X	X	X	X	X					X										X		X						
WASHINGTON	X	X	X	X	X	X	X		X			X										X		X						
WILCOX	X	X	X	X	X	X	X		X		X	X										X		X						
PUBLIC HEALTH AREA VII																														
MOBILE	X	X	X	X	X	X	X	X	X	X		X	X	X	X		X	X		X		X	X	X			X	X	X	X
PUBLIC HEALTH AREA VIII																														
JEFFERSON	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X		X	X	X	X								

ALABAMA DEPARTMENT OF PUBLIC HEALTH
MAILING ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS
February 1, 1989

COUNTY/DISTRICT	NAME	TITLE	TEL. NO.	MAILING ADDRESS
PUBLIC HEALTH AREA # 1	Betty W. Vaughan, M.D.	ASHO	353-7021	Box 1628, Decatur 35602-1628
NORTHWEST AL REGIONAL HEALTH DEPT			383-1231	Box 929, Tuscumbia 35674-0929
Colbert	Karen Landers, M.D.	DHO	383-1231	Box 929, Tuscumbia 35674-0929
Franklin	Karen Landers, M.D.	DHO	332-2700	Box 100, Russellville 35653-0100
Lauderdale	Karen Landers, M.D.	DHO	764-7453	Box 1036, Florence 35631-1036
TRI-COUNTY DIST. HEALTH SERVICES			353-7021	Box 1628, Decatur 35602-1628
Cullman	Betty W. Vaughan, M.D.	DHO	734-1030	Box 1678, Cullman 35056-1678
Lawrence	Betty W. Vaughan, M.D.	DHO	974-1141	Box 308, Moulton 35650-0308
Limestone	Betty W. Vaughan, M.D.	DHO	232-3200	Box 889, Athens 35611-0889
Morgan	Betty W. Vaughan, M.D.	DHO	353-7021	Box 1628, Decatur 35602-1628
Jackson	Lyle Haas	HSA	259-4161	Box 398, Scottsboro 35768-0398
Madison	Lawrence L. Robey, M.D.	LHO	539-3711	Box 425, Huntsville 35804-0425
Marion	Leland Screws	HSA	921-3118	Box 158, Hamilton 35570-0158
Marshall	Lyle Haas	HSA	582-3174	275 Gunter Ave., Guntersville 35976-1111
Winston	Leland Screws	HSA	489-2101	Box 57, Double Springs 35553-0057
PUBLIC HEALTH AREA # 2	E. Kenneth Aycock, M.D.	ASHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401-3299
WEST AL DISTRICT HEALTH DEPT			345-4131	1101 Jackson Ave., Tuscaloosa 35401-3299
Bibb	E. Kenneth Aycock, M.D.	DHO	926-9702	105 Church St., Centreville 35042-1207
Greene	E. Kenneth Aycock, M.D.	DHO	372-9361	Box 269, Eutaw 35462-0269
Lamar	E. Kenneth Aycock, M.D.	DHO	695-9195	Box 548, Vernon 35592-0548
Pickens	E. Kenneth Aycock, M.D.	DHO	367-8157	Rt. 2, Box 202, Carrollton 35447-9599
Tuscaloosa	E. Kenneth Aycock, M.D.	DHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401-3299
Fayette	E. Kenneth Aycock, M.D.	DHO	932-5260	Box 351, Fayette 35555-0351
PUBLIC HEALTH AREA # 3	Melinda G. Rowe, M.D.	ASHO	987-9259	Box 1059, Pelham 35124-1059
Blount	Frank Banks	HSA	274-2120	Box 96, Oneonta 35121-0096
Chilton	Melinda G. Rowe, M.D.	DHO	755-1287	Box 1778, Clanton 35045-1778
St. Clair	Melinda G. Rowe, M.D.	DHO	594-7944	Box 249, Ashville 35953-0249
St. Clair	Melinda G. Rowe, M.D.	DHO	338-3357	Box 627, Pell City 35125-0627
Shelby	Melinda G. Rowe, M.D.	DHO	669-3117	Box 976, Columbiana 35051-0976
Walker	Frank Banks	HSA	221-9775	Box 690, Jasper 35502-0690
PUBLIC HEALTH AREA # 4	VACANT	ASHO		
	Tommy Nielsen	HSA	236-3274	Box 488, Anniston 36202-0488
Calhoun	Tommy Nielsen	HSA	237-7523	Box 488, Anniston 36202-0488
Chambers	Ellene Mitchell	HSA	864-8834	Box 319, LaFayette 36862-0319
Cherokee	Jim C. Russell	HSA	927-3132	Box 176, Centre 35960-0176
Clay	Tommy Nielsen	HSA	354-2181	Box 325, Ashland 36251-0325
Cleburne	Tommy Nielsen	HSA	463-2296	Box 36, Heflin 36264-0036
Coosa	Tommy Nielsen	HSA	377-4364	Box 235, Rockford 35136-0235
DeKalb	Jim C. Russell	HSA	845-1931	Box 347, Fort Payne 35967-0347
Etowah	Jean Foster	HSA	547-6311	Box 555, Gadsden 35902-0555
Randolph	Ellene Mitchell	HSA	863-8981	527 Price St., Roanoke 36274--2196
Talladega	Tommy Nielsen	HSA	362-2593	Box 1012, Talladega 35160-1012
Tallapoosa	Ellene Mitchell	HSA	825-9203	Box 125, Dadeville 36853-0125
PUBLIC HEALTH AREA # 5	Joyce Gendzwill, M.D.	ASHO	261-5133	434 Monroe St., Montgomery 36130-1701
Autauga	Bobby H. Bryan	HSA	365-3349	Box G, Prattville 36067-0200
Barbour	Russell Killingsworth	HSA	687-4808	Box 238, Eufaula 36027-0238
Bullock	Walter Pack	HSA	738-3030	Drawer 430, Union Springs 36089-0430
Butler	Ziba Anderson	HSA	382-3154	Box 339, Greenville 36037-0339
Coffee	Kenneth Ball	HSA	897-2523	Box 280, Elba 36323-0280
Coffee	Kenneth Ball	HSA	347-9574	Box 1316, Enterprise 36331-1316
Covington	Ziba Anderson	HSA	222-1175	Box 186, Andalusia 36420-0186
Crenshaw	Ron Wheeler	HSA	335-6538	Box 326, Luverne 36049-0326
Dale	Charles Oliver	HSA	774-5146	Box 1207, Ozark 36361-1207
Elmore	Bobby H. Bryan	HSA	567-1171	Box 316, Wetumpka 36092-0316
Geneva	Kenneth Ball	HSA	684-2257	Box 386, Geneva 36340-0386
Henry	Russell Killingsworth	HSA	585-2660	Box 86, Abbeville 36310-0086
Houston	Marilyn E. Crumpton, M.D.	LHO	793-1911	Drawer 2087, Dothan 36302-2087
Lee	Walter Pack	HSA	745-5765	Box 2207, Opelika 36803-2207
Lowndes	Ziba Anderson	HSA	548-2564	Box 35, Hayneville 36040-0035
Macon	Walter Pack	HSA	727-1800	Drawer 180, Tuskegee 36083-0180
Montgomery	Jack Brewer	HSA	263-6671	515 W. Jeff Davis Ave., Montgomery 36104-4807
Pike	Ron Wheeler	HSA	566-2860	Box 425, Troy 36081-0425
Russell	Walter Pack	HSA	297-0251	Box 548, Phenix City 36868-0548
PUBLIC HEALTH AREA # 6	VACANT	ASHO		
	Tom N. Phillips	HSA	261-5081	434 Monroe St. Rm 307, Montgomery 36130-1701
Baldwin	Charles Watterson	HSA	937-0217	Box 160, Bay Minette 36507-0160
Choctaw	Richard Jayne	HSA	459-2494	315 E. Pushmataha St., Butler 36904-2533
Clarke	Bill Coleman	HSA	275-3772	Box 477, Grove Hill 36451-0477
Conecuh	Charles Watterson	HSA	578-1952	Box 110, Evergreen 36401-0110
Dallas	Dean Fields	HSA	874-2550	Box K, Selma 36702-0330
Escambia	Tom N. Phillips	HSA	867-5765	Box 66, Brewton 36427-0066
Hale	Thomas C. Stuart	HSA	624-3018	Box 87, Greensboro 36744-0087
Marengo	Bill Coleman	HSA	295-4205	Box 454, Linden 36748-0454
Monroe	Tom N. Phillips	HSA	575-3109	Box 609, Monroeville 36461-0609
Perry	Thomas C. Stuart	HSA	683-6153	Box 119, Marion 36756-0119
Sumter	Thomas C. Stuart	HSA	652-7972	Drawer 340, Livingston 35470-0340
Washington	Bill Coleman	HSA	847-2245	Box 417, Chatom 36518-0417
Wilcox	Melvin Maraman, Acting	HSA	682-4515	Box 27, Camden 36726-0027
PUBLIC HEALTH AREA # 7	Alfred R. Stumpe, M.D.	ASHO	690-8158	Box 2867, Mobile 36652-2867
Mobile	Alfred R. Stumpe, M.D.	LHO	690-8158	Box 2867, Mobile 36652-2867
			660-6179 (ATTNet)	
PUBLIC HEALTH AREA # 8	Carole W. Samuelson, M.D.	ASHO	933-9110	Box 2648, Birmingham 35202-2648
Jefferson	Carole W. Samuelson, M.D.	LHO	933-9110	Box 2648, Birmingham 35202-2648

ASHO—Assistant State Health Officer, DHO—District Health Officer, LHO—Local Health Officer, HSA—Health Services Administrator

Please notify The Office of Management Services of changes or errors, 434 Monroe Street Room 307 Montgomery Alabama 36130-1701, Telephone 261-5081.

ADPH-P-OMS-1/Rev. 3-89

BRANCH OFFICES

COUNTY	TEL. NO.	MAILING ADDRESS
Baldwin	943-2342	321 E. Laurel Avenue, Foley 36535-2680
	928-5504	72 N. Fairhope Ave., Fairhope 36532-3421
Barbour	775-8324	Box 217, Clayton 36016-0217
Chambers	768-2196	3205 22nd Ave., Valley 36854-3020
Escambia	368-9188	Route 4, Box 33, Atmore 36502-9108
Henry	693-2220	Box 175, Headland 36345-0175
Jefferson	424-6001	Bessemer Health Center 2201 Arlington Ave., Bessemer 35020-4299
	591-5180	Eastern Health Center 5720 1st Ave., South, Birmingham 35212-2599
	699-2442	Leeds Health Center 210 Park Drive, Leeds 35094-1846
	647-0572	Morris Health Center Box 272, Morris 35116-0272
	323-4548	Northern Health Center 2817 North 30th Ave., Birmingham 35207-4599
	788-3321	Western Health Center 1700 Avenue E, Ensley: Birmingham 35218-1543
	788-7770	Western Mental Health Center 1701 Avenue D, Ensley, Birmingham 35218-1532
Madison	539-4194	Cavalry Hill Clinic; Box 425, Huntsville 35804-0425
	534-1651	WIC Building; Box 252, Huntsville 35804-0252
	539-3711	Triana Clinic; Box 425, Huntsville 35804-0425
Marshall	878-4044	Albertville Health Center 500 Coliseum Drive, Albertville 35950-2462
Shelby	664-2470	Box 846, Pelham 35124-0846
Sumter	392-4732	York Branch; Drawer 8, York 36925-0008
Talladega	249-3807	109 S. Anniston Ave., Sylacauga 35150-2962
	378-6190	803 Third St., S.W., Childersburg 35044-1609
Tallapoosa	329-0531	Rt. 5, Box 403, Airport Circle Alexander City 35010-9805

SATELLITE OFFICES			
Coosa	Goodwater (Open Wednesdays & Thursdays)	839-6727	Box 361, Goodwater 35072-0361
Covington	Opp (Open Tuesdays)	493-4511	108 N. Main St., Opp 36467-2006
Marion	Winfield (Open Thursdays)	487-3688	Box 158, Hamilton 35570-0158
Perry	Uniontown (Open Tuesdays & Thursdays)	628-6226	Box 119, Marion 36756-0119
Randolph	Wedowee (Open Tuesday Afternoons & Wednesdays)	357-4764	527 Price St., Roanoke 36274-2196
Winston	Haleyville (Open Wednesdays & Fridays)	486-2479	Box 57, Double Springs 35553-0057

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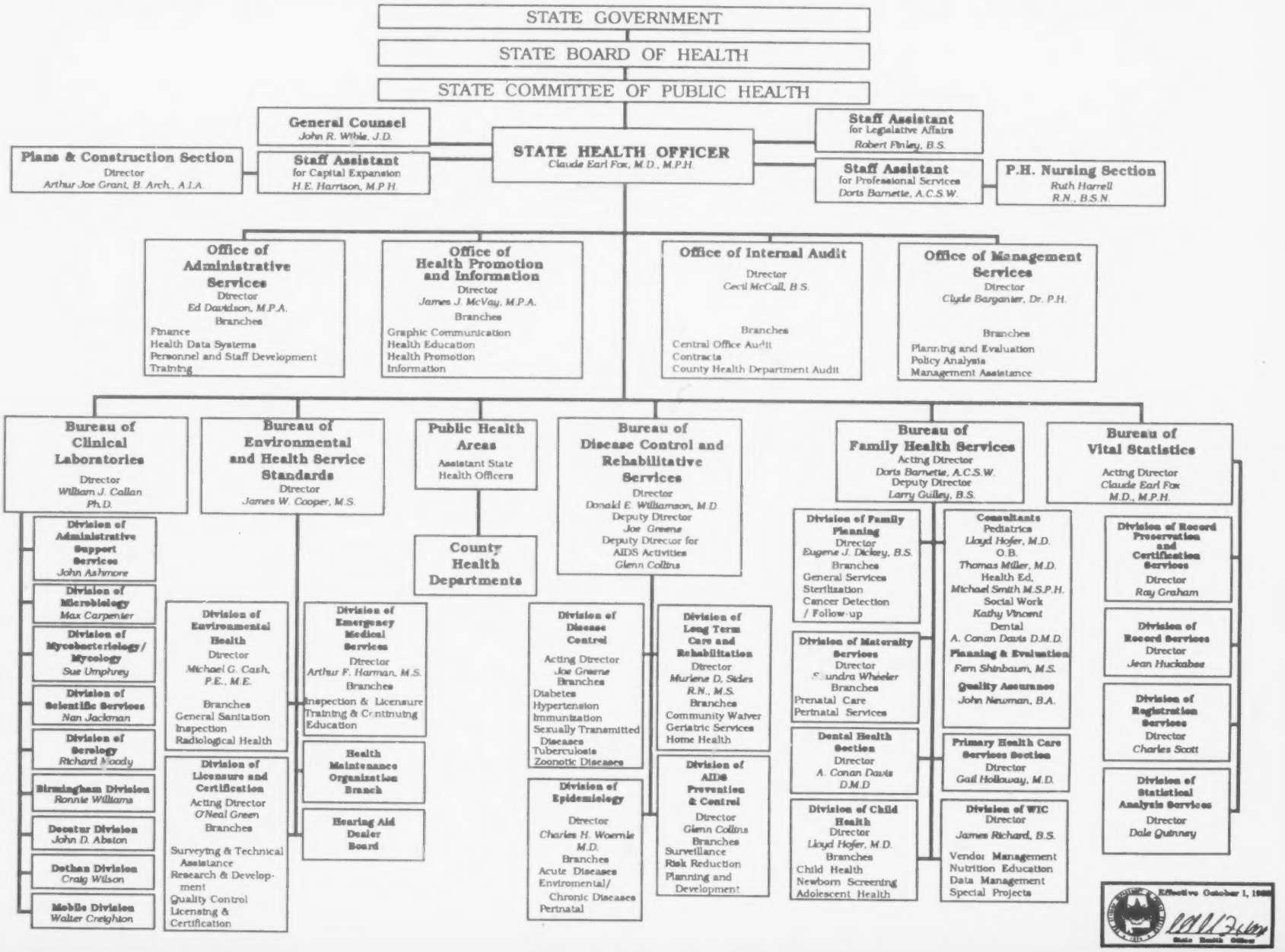

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